

ST. EDITH RELIGIOUS EDUCATION REGISTRATION 2023-2024



Phone: (734) 464-2020

Email: religiouseducation@stedith.org

Website: www.stedith.org

If child is new to St. Edith's program, please submit a copy of child's baptismal certificate.

Class Options

Sunday 9:45-10:45 am K-8, Special Needs
 Sunday 9:00-9:40am Out of Step (OOS) Prep
 Monday 5:00-6:00 pm K-6
 Monday 6:30-7:30 pm 7-8

**** PLEASE COMPLETE
EMERGENCY FORM ON BACK**



Student Name (First & Last)	Gender (M/F)	Birthdate (mm/dd/yy)	Grade 23-24	Baptized (Y/N)	School will attend in 23-24	Class Option (Sun/Mon)	OOS Reconciliation	OOS Eucharist	Special Needs

Father's First/Last Name	Father's Cell Phone	Mailing Address
Mother's First/Last Name	Mother's Cell Phone	City, ST Zip

Family Primary Email Address (will be used for RE Correspondence)

It is assumed that we have permission to use your child's photos in church bulletin, website, and other communication materials. Contact us if you do not consent to the use of photos.

Current Parish of Registration	Emergency Contact Name	Emergency Cell Number
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Payment Options	RELIGIOUS EDUCATION TUITION
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Submitted Payment Online Card # _____	In Parish: \$130 – 1 child, \$200 – 2+ children Out of Parish: \$155 – 1 child, \$205 – 2+ children OOS Reconciliation/Eucharist: \$25 each
<input type="checkbox"/> CHECK # _____ CVV _____ ZIP _____ EXP (MM/YY) _____	Office Use ONLY In / Out Parish _____ Date _____ Amount _____ Payment Type _____ Rec'd by _____

**ST. EDITH Religious Education
FAMILY EMERGENCY INFORMATION
2023-2024**

FAMILY NAME: _____

1	Child's Last Name	First Name
	Allergy Information	Illness Information
2	Child's Last Name	First Name
	Allergy Information	Illness Information
3	Child's Last Name	First Name
	Allergy Information	Illness Information
4	Child's Last Name	First Name
	Allergy Information	Illness Information

In case of an accident or serious illness, I request St. Edith Religious Ed contacts parent and/or emergency contact. If St. Edith Religious Ed cannot reach these contacts, I hereby authorize St. Edith Religious Ed to contact the physician indicated below. If it not possible to contact the physician, St. Edith Religious Ed may make whatever arrangements necessary.

Insurance Company: _____

Policy Number: _____

Physician Name: _____

Physician's Address: _____

Phone Number: _____

Hospital of Choice: _____

Parent/Guardian Signature

Date