

Saint Ephrem Religious Formation Registration Form ~ 2010-2011  
Please Print or Type All Information

Family Last Name	Father's name	Occupation	Mother's First Name	Maiden Name	Occupation
Address	City	Zip Code	Mother's Religion	Father's Religion	
Home Phone	Cell/Business Phone (Father)		Cell/Business Phone (Mother)	Marital Status	E-Mail Address
Name of Parish where you are Registered			Contact Person In Case of Emergency		Phone # of Contact Person

Tuition ½ is due by **September 15, 2010**. Balance is due by **February 15, 2011**. Make checks payable to St. Ephrem Parish. \$100.00 First Child ~ \$125.00 for second child ~ \$150.00 for three or more children ~ \$50.00 new Program Fee (non-parish) \$30.00 for each sacrament, per child for Reconciliation, Eucharist, Confirmation, plus the Confirmation overnight retreat **September 25-26, 2010**, fees will be announced later). If you are new to the program, please note that a copy of the Baptismal record needs to be attached to the registration form for each child.

Class Times for 2010-2011

Family Program – Monday or Tuesday evening at 6:30 PM - Please Circle Preference – Begins **October 11 & 12, 2010**.  
Visionaries – meets on Monday evenings beginning at 7:00 P. M., as scheduled. Beginning date **September 20, 2010**

Student Last Name	First name	Birth Date	Grade in Fall	School Name	Last Grade of Religious Education	Circle Sacraments received for each child
1. _____	_____	_____	_____	_____	_____	Baptism Reconciliation Eucharist Confirmation
2. _____	_____	_____	_____	_____	_____	Baptism Reconciliation Eucharist Confirmation
3. _____	_____	_____	_____	_____	_____	Baptism Reconciliation Eucharist Confirmation
4. _____	_____	_____	_____	_____	_____	Baptism Reconciliation Eucharist Confirmation

Indicate the religious identity of each child, circle those that apply:

Student Name

- \_\_\_\_\_ Catholic: Roman Catholic or Eastern Catholic (Chaldean, Melkite, Maronite, etc.) Orthodox Other please describe \_\_\_\_\_
- \_\_\_\_\_ Catholic: Roman Catholic or Eastern Catholic (Chaldean, Melkite, Maronite, etc.) Orthodox Other please describe \_\_\_\_\_
- \_\_\_\_\_ Catholic: Roman Catholic or Eastern Catholic (Chaldean, Melkite, Maronite, etc.) Orthodox Other please describe \_\_\_\_\_
- \_\_\_\_\_ Catholic: Roman Catholic or Eastern Catholic (Chaldean, Melkite, Maronite, etc.) Orthodox Other please describe \_\_\_\_\_

Child/children live with (circle one): Father      Mother      Both      Other \_\_\_\_\_ designate relationship

List Children's Name and any Special Needs; Medications; Allergies, etc. we need to be aware of.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Childcare is available during the family program for ages 3-5. Will you need this service? Yes No Circle one.

***Please Do Not Write in this Area For Office Use Only!!!***

Tuition Due: \_\_\_\_\_ Tuition Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_

Registered in Computer: Circle one Yes or No