

(PSR Volunteer Teacher _____ no fee) Pd: cash _____ check _____ check no. _____ Total Pd: _____
(Please see the CRE for special circumstances regarding fees; no one is turned away.)

REGISTRATION FORM GRADES PRE-K to SIX

Book/supplies fee: \$25 one child \$45 two children \$65 Family maximum fee

PLEASE register before September 1st!

Fee is due at time of registration--check payable to St. Columbkille PSR

(Print Clearly)

STUDENT

CIRCLE BIRTHDATE GRADE

_____ M or F _____
Last First Baptized YES ___ NO ___

_____ M or F _____
Last First Baptized YES ___ NO ___

_____ M or F _____
Last First Baptized YES ___ NO ___

_____ M or F _____
Last First Baptized YES ___ NO ___

_____ M or F _____
Last First Baptized YES ___ NO ___

_____ HOME STUDY OPTION -- PLEASE REGISTER OUR FAMILY FOR THE HSO. See page 2.
(HSO fee is the cost of the books.)

FAMILY INFORMATION

(Please complete both sides of this registration form)

Father's Name _____ Phone (h) _____ (w) _____

Mother's Name _____ Phone (h) _____ (w) _____

Street Address _____ City _____ Zip _____

E- mail address _____ Cell Phone: _____

Are you a registered member of St. Columbkille Parish? YES ___ NO ___

May we address correspondence to both parents? YES ___ NO ___

Are there any restrictions as to who comes for your child after each Sunday class? YES ___ NO ___

Public School District _____ Home School _____

Was your family registered in the Religious Education program last year? YES ___ NO ___

If not, when/where was the last time he/she attended class on the Catholic Faith? _____

Home Study Option: fee is the cost of the books; Registration is required so we have record of instruction for when it is time for Sacramental Preparation; must be willing to communicate with the CRE every 6 wks. to show student's progress.

May we contact you regarding teaching, substitute teaching, or assisting as an aide?
YES _____ NO _____

We often need help with YOUTH MINISTRY type events and/or fund raisers; may we contact you for volunteering to assist with our retreats / special events?
YES _____ NO _____

Medical/Learning Information: Please provide information on medical conditions, allergies, learning disabilities, ADD, ADHD for each child applicable. Does your child require assistance for class? Also, there is space below for sharing insights on your child's gifts or special concerns. E.g. "...he is outgoing and interested in all sorts of animals" or, "...she is rather shy and loves to draw," etc.

Needs an aid ____ YES ____ NO **Child's Name** _____

Medical or Learning Information:

CHILD'S GIFTS/TALENTS or CONCERNS you think we should be aware of:

Needs an aid ____ YES ____ NO **Child's Name** _____

Medical or Learning Information:

CHILD'S GIFTS/TALENTS or CONCERNS you think we should be aware of:

Other Children's needs, or any other concerns or suggestions: