

# Formulario de Educación Religiosa 2010-2011 de San Francisco de Asís

For Office Use

APELLIDO

Familia #ID

Fecha

Apellido/ Madre : \_\_\_\_\_ Nombre : \_\_\_\_\_ Telefono # \_\_\_\_\_ ( Trabajo #) \_\_\_\_\_

Apellido/ Padre: \_\_\_\_\_ Nombre : \_\_\_\_\_ Telefono # \_\_\_\_\_ ( Trabajo #) \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad : \_\_\_\_\_ ZIP: \_\_\_\_\_ Zona postal: \_\_\_\_\_

Email: \_\_\_\_\_

Hijos Información:					Sacraments RECEIVED					RE Session <small>Mark 1st, 2nd, 3rd choice</small>				CYM	Office Use
Apellido	Nombre	M/F	Fecha de nacimiento	Curso en Sept 2010	Bautizado (S/N)	Catolico(S/N)	Reconciliación (S/N)	Eucaristía (S/N)	Confirmación (S/N)	Jueves 4:30 - 5:30	Jueves 6:00 - 7:00	Sábado 4:15 - 5:15	Domingo 10:45 - 11:45	Grupo Juvenil Grados- 9-12	

\_\_\_\_\_  
**Firma Padres**

\_\_\_\_\_  
**Fecha**

El pago débese hecho en el momento de la registración

1 child

Los cheques deben ser hechas al nombres de San Francisco de Asís

**FAMILIES WITH CHILDREN IN REL. ED. MUST JOIN THE PARISH**

**Dismissal: If your child is not permitted to leave the classroom at dismissal, please list persons (other than parents) who are permitted to receive your child from the classroom:**

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*We appreciate your being on time when picking children up after RE. Please note that your child may be in the Faith Formation Office rather than the classroom if you arrive late for pick-up.*

**Please use the space below to list your children's names and any allergies or medical conditions that would affect their comfort and participation in our RE program. Please discuss any special needs your child may have that will help us to provide an enjoyable, faith-sharing, learning environment.**

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**Fees:**

No. of Children	Fee
_____	RE 1@ \$65
_____	2@ \$80
_____	3(+)\$95
_____	CYM X \$30
_____	Eucharist X \$20
_____	Confirmation X \$20 (Year 1)
_____	Grand Total

For Office Use:

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**Payment:**

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_