

1
SAINT MARGARET OF CORTONA PARISH COMMUNITY
Religious Education Office

Re-Registration Form

Family Name of Child _____

Address _____

Phone No. _____ Emergency No. _____

List the child(ren) you are re-registering:

- | | |
|------------------------|--------------------------|
| 1. Name of Child _____ | Grade in September _____ |
| 2. Name of Child _____ | Grade in September _____ |
| 3. Name of Child _____ | Grade in September _____ |

Check which type of catechesis you choose: (Grades 3, 4 and 5 only have an option)

Traditional (meets each week from 3:20-4:20) _____

Home Study – approx. 9 sessions during school year on Sundays _____

How is mail to be addressed to you? (e.g., Mr. and Mrs., Mrs., Ms., Mr.)

Date of Registration _____ Fee pd. _____ unpd. _____

Fee: \$110 for one child; \$140 for two children, \$160 for three or more

RETURN THIS FORM BY JULY 15.

If there is any information we should/need to know about your child, please contact Sister Dorothy. This will be held in confidence.