



St. Lawrence Parish

Religious Education Registration Form

Student Information

Student Last Name:	First:
Entering Grade: K 1 2 3 4 5 6 7 8 9 10 11	Birthday:
Special Needs/Allergies:	
Student Last Name:	First:
Entering Grade: K 1 2 3 4 5 6 7 8 9 10 11	Birthday:
Special Needs/Allergies:	
Student Last Name:	First:
Entering Grade: K 1 2 3 4 5 6 7 8 9 10 11	Birthday:
Special Needs/Allergies:	
Student Last Name:	First:
Entering Grade: K 1 2 3 4 5 6 7 8 9 10 11	Birthday:
Special Needs/Allergies:	

Family Information

Father's Name:	Phone No.:
Mother's Name:	Phone No.:
Email (main communication):	
Home Address:	City/Zip:
Non-Parent Emergency Contact:	Cell Phone:

Parental Involvement For Grades: K-5__ and/or 6-11__

Classroom Aide: ___ Catechist: ___ Youth Mass: ___ Activities: ___
 Saint of the Week*: ___ Office Support: ___ Treats: ___ Chaperone: ___

**Come during class to help prepare materials for classroom.*

Parish Membership

- We are parish members at: St. Lawrence St. Peter Resurrection Other: _____
- Last year, students attended religious education classes at: St. Lawrence Other: _____

Tuition Fees and Payment Information

Parish members*: 1 student = \$90, 2 students = \$160, 3+ students = \$190
Non-parish members: 1 student = \$165, 2 students = \$240, 3 students = \$300

**Parish members are active, contributing members at St. Lawrence, St. Peter, or Resurrection Parish.*

- Tuition fees and registration forms are due back to the St. Lawrence Religious Education Office by **Sunday, July 15**. Registration forms received after July 15 will pay a **\$25 late fee/child**.
- Checks may be made payable to *St. Lawrence Religious Education*.
- Mail fees and forms to: **St. Lawrence, Religious Education, 4886 Hwy 175, Hartford, WI 53027.**
- IMPORTANT:** We will not turn away any student due to financial hardship. For a confidential discussion about tuition arrangements or concerns, contact the Director, Jacquelyn Haas, at 262-644-0011.

Parent Signature: _____ Date: _____

OFFICE ONLY	TOTAL DUE:	PAYMENT AMOUNT:	DATE:	CHECK #:
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