

**ST. EPHREM LANGUAGE & RELIGIOUS EDUCATION SCHOOL
2008 – 2009**

REGISTRATION FORM

Date: _____

FAMILY NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

Phone # : (____) _____ - _____ -

E-Mail: _____

(City) (State) (Zip Code)

Emergency Contact: _____

Relationship to student: _____

Emergency # : (____) _____ - _____

Religious Background: Maronite Roman Catholic Melkite Chaldean Orthodox Other: _____

PARISHIONERS: Yes No

[To be verified by Fr. Mouannes, Pastor]

Student's First Name	Gender (M / F)	Date of Birth	Age	Date of Baptism (If applicable)	Date of 1 st Communion (If applicable)
1.					
2.					
3.					
4.					
5.					

FOR OFFICE USE ONLY

Family Tuition / month _____ x 3 = _____

<u>Payments</u>	<u>Tuition</u>	<u>Book(s)</u>	<u>Binder(s)</u>	<u>Total</u>	<u>Payment Date</u>	<u>Cash</u>	<u>Check #</u>
September						<input type="checkbox"/>	
October November							
December						<input type="checkbox"/>	
January February							
March						<input type="checkbox"/>	
April May							

Comments: