

**ST. EPHREM LANGUAGE & RELIGIOUS EDUCATION SCHOOL
2011 – 2012**

CHILDREN'S REGISTRATION FORM

Date: _____

FAMILY NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

Phone #: (____) _____ - _____

(City) (State) (Zip Code)

E-Mail: _____

(Required for announcements)

Emergency contact name: _____

Relationship of contact to student: _____

Emergency contact #: (____) _____ - _____

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

PARISHIONERS: Yes No

[To be verified by Pastor]

Student's First Name	Gender (M/F)	Date of Birth	Age	Grade 2011-2012	Date of Baptism (If applicable)	Date of 1 st Communion (If applicable)
1.						
2.						
3.						
4.						

FOR OFFICE USE ONLY

Family Tuition and weekly snacks / month _____ x 3 = _____

<u>Payments</u>	<u>Tuition</u>	<u>Snacks/3months</u>	<u>Arabic & Religion Book(s)</u>	<u>Binder(s)</u>	<u>Total \$</u>	<u>Payment Date</u>	<u>Cash</u>	<u>Check #</u>
September		\$12.00/3months					<input type="checkbox"/>	#
October November								
December		\$12.00/3months					<input type="checkbox"/>	#
January February								
March		\$12.00/3months					<input type="checkbox"/>	#
April May								

Comments: