

PLEASE PRINT

1st STUDENTS INFORMATION


Name: _____ GRADE: _____ SCHOOL: _____
First Middle Last 2019-2020 school year!

PLEASE CHECK BOTH THE GRADE/DAY/TIME:

I would like grade: P3 P4 K 01 02 03 04 05

<input type="checkbox"/> Sunday 9:45-10:45 AM Weekly (P3 – P4 grades)	<input type="checkbox"/> Wednesday 4:30 - 5:45 PM Weekly (K-5 th grades)	EYFWJ Classes meet twice a month with one adult. <input type="checkbox"/> Wednesday 4:30 - 5:45 PM 3 rd grade only <input type="checkbox"/> Wednesday 6:30 - 7:45 PM 2 nd & 5 th gr only
<input type="checkbox"/> Tuesday 4:30-5:45 PM Weekly (K - 5 th grades)	<input type="checkbox"/> Wednesday 6:30 - 7:45 PM Weekly (1 st -5 th grades)	

* If your child has not received Reconciliation or 1st Holy Communion and is in 3rd, 4th, or 5th grade please contact the RE Office.

Birth Date ___/___/___ GENDER: ___F; ___M.  Health/Learning Challenges? Please explain (medication etc.) _____

In addition if your child has special needs please inform your child's R.E. teachers

Have you been Baptized? ___ YES ___ NO Reconciliation? ___ YES ___ NO Eucharist? ___ YES ___ NO

BAPTISM DATE ___/___/___ Church _____ City _____ State _____

****MUST HAVE 2ND GRADE STUDENTS Baptism Certificate!**

Reconciliation Date ___/___/___ Eucharist Date ___/___/___ Church _____ City _____ State _____

PLEASE PRINT

2nd STUDENTS INFORMATION

Name: _____ GRADE: _____ SCHOOL: _____
First Middle Last 2019-2020 school year!

PLEASE CHECK BOTH THE GRADE/DAY/TIME:

I would like grade: P3 P4 K 01 02 03 04 05

<input type="checkbox"/> Sunday 9:45-10:45 AM Weekly (P3 – P4 grades)	<input type="checkbox"/> Wednesday 4:30 - 5:45 PM Weekly (K-5 th grades)	EYFWJ Classes meet twice a month with one adult. <input type="checkbox"/> Wednesday 4:30 - 5:45 PM 3 rd gr only <input type="checkbox"/> Wednesday 6:30 - 7:45 PM 2 nd & 5 th gr only
<input type="checkbox"/> Tuesday 4:30-5:45 PM Weekly (K - 5 th grades)	<input type="checkbox"/> Wednesday 6:30 - 7:45 PM Weekly (1 st -5 th grades)	

* If your child has not received Reconciliation or 1st Holy Communion and is in 3rd, 4th, or 5th grade please contact the RE Office.

Birth Date: ___/___/___ GENDER: ___F; ___M.  Health / Learning Challenges? Please explain (medication etc.) _____

In addition if your child has special needs please inform your child's R.E. teachers

Have you been Baptized? ___ YES ___ NO Reconciliation? ___ YES ___ NO Eucharist? ___ YES ___ NO

BAPTISM DATE ___/___/___ Church _____ City _____ State _____

****MUST HAVE 2ND GRADE STUDENTS Baptism Certificate!**

Reconciliation Date ___/___/___ Eucharist Date ___/___/___ Church _____ City _____ State _____