

ST. ROSE RELIGIOUS EDUCATION  
398 TENTH STREET  
SANTA ROSA, CA 95401  
542-6448 FAX – 542-3359

2009 – 2010 REGISTRATION FORM  
GRADES 1 – 6 WED. 4:00 – 5:15  
FEE: \$60.00 PER CHILD

**JULY 7, 2009 - LAST DAY TO REGISTER FOR FALL CLASSES**

**PLEASE PRINT CLEARLY**

LAST NAME \_\_\_\_\_ FATHER \_\_\_\_\_ RELIGION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MOTHER \_\_\_\_\_ RELIGION \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
TELEPHONE - HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

**FIRST GRADE STUDENTS - PLEASE ATTACH A COPY OF BAPTISMAL CERTIFICATE**

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1. STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
HAS CHILD BEEN BAPTIZED: YES \_\_\_\_\_ NO \_\_\_\_\_  
HAS CHILD RECEIVED COMMUNION: YES \_\_\_\_\_ NO \_\_\_\_\_  
HAS CHILD RECEIVED RECONCILIATION: YES \_\_\_\_\_ NO \_\_\_\_\_  
PUBLIC SCHOOL ATTENDING \_\_\_\_\_ GRADE IN FALL ('09) \_\_\_\_\_

2. STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
HAS CHILD BEEN BAPTIZED: YES \_\_\_\_\_ NO \_\_\_\_\_  
HAS CHILD RECEIVED COMMUNION: YES \_\_\_\_\_ NO \_\_\_\_\_  
HAS CHILD RECEIVED RECONCILIATION: YES \_\_\_\_\_ NO \_\_\_\_\_  
PUBLIC SCHOOL ATTENDING \_\_\_\_\_ GRADE IN FALL ('09) \_\_\_\_\_

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I AM INTERESTED IN:  
TEACHING \_\_\_\_\_ ASSISTING TEACHER \_\_\_\_\_  
GENERAL ASSISTANCE \_\_\_\_\_ TELEPHONE COMMITTEE \_\_\_\_\_

**\* REGISTRATION FEE MUST BE PAID WHEN SUBMITTING REGISTRATION FORM. \***