

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

REGISTRATION FORM – 2010-2011
GRADES 1 – 6 WED. 4:00 – 5:15
FEE: \$60.00 PER CHILD
FAX – 542-3359

JULY 12, 2010- LAST DAY TO REGISTER FOR FALL CLASSES

PLEASE PRINT CLEARLY

LAST NAME _____ FATHER _____ RELIGION _____
ADDRESS _____ MOTHER _____ RELIGION _____
CITY _____ ZIP _____ MAIDEN NAME _____
TELEPHONE (HM) _____ (WK) _____
E-MAIL ADDRESS _____

FIRST GRADE STUDENTS PLEASE ATTACH A COPY OF BAPTISMAL CERTIFICATE.

1. STUDENT NAME _____ AGE _____ BIRTH DATE _____
HAS CHILD BEEN BAPTIZED: YES _____ NO _____
HAS CHILD RECEIVED COMMUNION: YES _____ NO _____
HAS CHILD RECEIVED RECONCILIATION: YES _____ NO _____
GRADE IN FALL (2009) _____
PUBLIC SCHOOL ATTENDING _____

2. STUDENT NAME _____ AGE _____ BIRTH DATE _____
HAS CHILD BEEN BAPTIZED: YES _____ NO _____
HAS CHILD RECEIVED COMMUNION: YES _____ NO _____
HAS CHILD RECEIVED RECONCILIATION: YES _____ NO _____
GRADE IN FALL (2009) _____
PUBLIC SCHOOL ATTENDING _____

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

REGISTRATION FEE MUST BE PAID WHEN SUBMITTING REGISTRATION FORM.