

St. Bonaventure Catholic Church

Religious Education Enrollment Form 2024-2025

Parish Number: _____

STUDENT'S LAST NAME _____ FIRST NAME _____

2024/2025 School Grade _____ School _____

Home Address _____ City _____ Zip _____

Home Phone _____ Family E-Mail _____

Sex _____ Birth date _____ City and State of Birth _____

Has child been baptized? no yes Catholic Other (please specify) _____

Baptism Date _____ Parish _____ City _____ State _____

Has child received 1st Reconciliation? no yes date _____ 1st Communion? no yes

1st Communion date _____ Parish _____ City _____ State _____

Family Name (if different than child) _____

Father's First name _____ Last name _____

Religion _____ Place of Employment _____

Cell Phone _____

Mother's First name _____ Last name _____

Religion _____ Place of Employment _____

Maiden name _____ Cell Phone _____

of children enrolled in Religious Education _____

Names _____

Child lives with Both Parents Mom Dad Other _____

Any physical, medical, or learning conditions we should be aware of _____

On Medication, if yes what medications? _____

Emergency Contact (local person other than parents)

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

FOR OFFICE USE ONLY:

- One Child (\$250.00)
- Two Children (\$450.00)
- Three or more (\$550.00)
- Bible fee (\$20.00)
- First Communion fee (\$75.00)
- Confirmation fee (\$75.00)
- Book Replacement fee (\$40.00)
- Late Registration fee (\$25.00 per child)

Total Fee Due: _____

Amount Paid: _____

Check # _____ Cash: _____

Receipt # _____

Balance Due _____

Date: _____

Initials: _____

Class Assign: _____