

REGISTRATION FORM 2015-2016
ST GABRIEL RELIGIOUS EDUCATION PROGRAM
GRADE 1-8

PLEASE PRINT

CHILD'S or Children's LAST NAME:

1st Child's First Name _____ **Grade** _____

2nd Child's First Name _____ **Grade** _____

3rd Child's First Name _____ **Grade** _____

4th Child's First Name _____ **Grade** _____

PAYMENT INFORMATION: \$65 per child. Three or more \$195.

Please make check payable to: St. Gabriel Church

Address: _____

City & Zip code: _____

Home number: _____ **Email:** _____

Cell number: _____

Name of Parent(s)

Any special education needs that your child has?

Sacramental Needs: (circle answer be sure to answer for each child)

Has this child been baptized a Catholic? (1st) YES NO (2nd) YES NO