

# REGISTRATION/RELEASE FORM

## ST. AUGUSTINE/ST. JOSEPH PARISH CENTER

### GRADE SCHOOL AND HIGH SCHOOL RELIGIOUS EDUCATION PROGRAM

FAMILY NAME \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

(To relay information regarding cancellation of classes or other pertinent information)

Our family is registered at the following parish:

\_\_\_\_\_ St. Augustine, Minster

\_\_\_\_\_ St. Joseph, Egypt

\_\_\_\_\_ Other Parish, please list: \_\_\_\_\_

\_\_\_\_\_ We are not registered with any parish

I am registering the following student (s) for the St. Augustine/St. Joseph Grade School and/or High School Religious Education Program. Please list the first, full middle, and last name for each Student and their grade.

**STUDENT NAME (INCLUDING FULL MIDDLE AND LAST NAME)**

**GRADE**

STUDENT NAME (INCLUDING FULL MIDDLE AND LAST NAME)	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In registering my child/children for the religious education program at St. Augustine/St. Joseph, I realize that I am requesting my child/children be released from the Minster Local School System to participate in this religious education program. I the parents of the children listed on this registration form request that they be allowed to participate in the routine activities held onsite at the St. Augustine St. Joseph Parish Center, Rectory, or Church for afternoon and evening programs. This covers dates August 2019 through May 2020. I agree to support the policies as laid out by the St. Augustine/St. Joseph Religious Education Office.

Parent's Signature (required) \_\_\_\_\_ date \_\_\_\_\_