TOTAL PAID:_____

CHECK #_____

DATE:

St John Vianney

Religious Education Registration

2017/2018

Family Last Name _____ Email _____

Address _____

City/State /Zip _____

Father's Name _____ Home Ph _____ Cell Ph_____ Work Ph_____

Mother's Name _____ Home Ph _____ Cell Ph_____ Work Ph_____

Child's Name*	Grade 2017/2018	Date of Birth	Male/Female	School	Fee
					$75.00 per child if paid before 6/16/2017
					$100.00 per child after 6/19/2017
					Please make check payable: St John Vianney
					Memo line: Religious Educ

* Please make note of any special needs, medical problems, allergies _____

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