



Jesus said: " I am the bread of life; whoever comes to me will never hunger, and whoever believes in me will never thirst." Jn: 6:35

2008-2009 RETURNING STUDENT REGISTRATION FORM

Completed CONSENT TO TREAT form must accompany this form.

Registration Fee is \$50 per Family if registered as parishioners, \$75 per Family if not. Please enclose this form and your check in an envelope, which may placed in the collection basket; or mail it to the office Attn: Joan.

Is the family registered as parishioners of St. Fidelis Parish? Yes _____ No _____

Father's Name: _____ Mother's Name: _____

With whom does (do) the student(s) live, and which parent must be contacted for illness, or events?

Address: _____ Zip _____

Phone: _____ Work or Cell Phone: _____

E-Mail Address: _____

_____ **Please check if this represents a change of address or phone number.**

1. First and last name: _____ 2008-09 Grade: _____

Circle one: Sun. 9 – 10:15 Mon. 6 – 7:15 Homeschool

Special learning needs: _____

Physical limitations, allergies etc. _____

2. First and last name: _____ 2008-09 Grade: _____

Circle one: Sun. 9 – 10:15 Mon. 6 – 7:15 Homeschool

Special learning needs: _____

Physical limitations, allergies etc. _____

3. First and last name: _____ 2008-09 Grade: _____

Circle one: Sun. 9 – 10:15 Mon. 6 – 7:15 Homeschool

Special learning needs: _____

Physical limitations, allergies etc. _____

4. First and last name: _____ 2008-09 Grade: _____

Circle one: Sun. 9 – 10:15 Mon. 6 – 7:15 Homeschool

Special learning needs: _____

Physical limitations, allergies etc. _____

Emergency Contact Person: Name: _____

Phone: _____

