



SAINT CONSTANCE PARISH
RELIGIOUS EDUCATION PROGRAM
 5843 W. Strong St., Chicago, IL 60630
 (773) 545-8581 ext. 40

REGISTRATION FORM

FATHER'S FIRST & LAST NAME _____

MOTHER'S FIRST & LAST NAME _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL PHONE # _____

EMERGENCY CONTACT _____
First & Last Name, Phone Number

ARE YOU REGISTERED PARISHIONER? YES _____ NO _____ PARISH # _____

CHILD'S FIRST & LAST NAME	PLACE & DATE OF BIRTH (M/D/Y)	GRADE	BAPTISM YES/NO	FIRST HOLY COMMUNION YES/NO
1.	____/____/____			
2.	____/____/____			
3.	____/____/____			
4.	____/____/____			

TUITION \$ _____

AMOUNT PAID \$ _____ CASH _____ CHECK # _____

 PARENT/GUARDIAN SIGNATURE

 DATE

 REP REPRESENTATIVE