



**SAINT CONSTANCE PARISH
RELIGIOUS EDUCATION PROGRAM**

5843 W. Strong St., Chicago, IL 60630
(773) 545-8581 ext. 40

REGISTRATION FORM

SCHOOL YEAR _____

FATHER'S FIRST & LAST NAME _____

MOTHER'S FIRST & LAST NAME _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE # _____ EMAIL: _____

EMERGENCY CONTACT _____

First & Last Name, Phone Number

DO YOU GIVE CONSENT TO PHOTOGRAPH YOUR CHILD AND PUBLISH THE PHOTOS ON OUR PARISH/REP WEBSITE AND/OR FACEBOOK PAGE? YES NO

- I CONFIRM THAT ST. CONSTANCE PARISH WILL NOT BE HELD FINANCIALLY RESPONSIBLE FOR ANY DAMAGES AND/OR MEDICAL COSTS IN THE EVENT OF AN ACCIDENT OR INJURY ON ITS PREMISES.
- I HEREBY DECLARE THAT I ACCEPT THE TERMS AND CONDITIONS OF THE PROGRAM REGISTRATION.

ARE YOU REGISTERED PARISHIONER? NO YES 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