

**Uniontown Roman Catholic Churches**  
**TUESDAY EVENING FAITH FORMATION REGISTRATION FORM 2019-20**  
**FOR GRADES KN through 5**

Today's Date: \_\_\_\_\_

**Early Bird Registration Fee - DUE: August 11, 2019**

One Child-\$20.00   Two Children-\$35.00   Three or more children \$45.00

**After August 11<sup>th</sup> Registration Fee - DUE: August 25, 2019:**

One Child-\$45.00   Two Children-\$60.00   Three or more children \$70.00

Office Use Only: Date Received: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Not Paid

**Make checks payable to Home Parish**

**Please Print**

Family's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*Home Parish:** \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell: \_\_\_\_\_

**\*Email address:** \_\_\_\_\_

**\*Please check one of the following:** \_\_\_\_\_ **new registration**    \_\_\_\_\_ **returning registration**

**NAMES OF CHILDREN:**

1) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Information: \_\_\_\_\_

2) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Information: \_\_\_\_\_

3) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Health Information: \_\_\_\_\_

**Emergency Information:**

While your child/children are in our care it is important for us to have the following information:    \*\*\*Whom should we contact in case of emergency? (If different from above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\* List all individuals who are permitted to pick up your child/children (i.e. names of parents grandparents, neighbor, etc)

1) \_\_\_\_\_

2) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Continued - OVER

