

St. Elizabeth Ann Seton Parish
REGISTRATION FORM – PARISH RELIGION PROGRAM (PRP)

2011 – 2012

ELEMENTARY PRP (GRADES 1- 8)

Today's Date _____

Family Name _____ Returning Family ____ New Family ____

Are you a currently registered parishioner of St. Elizabeth Ann Seton Parish? Yes ____ No ____
If "No" please register at the Parish Office. You **must** be a member to enroll in the PRP program.

Address _____ City _____ Zip _____

Home Phone _____ Email: _____

Father's Name _____ Work Phone _____ Cell _____

Religion _____

Mother's Name _____ Work Phone _____ Cell _____

Religion _____

Registered child/children live with: Father and Mother ____
Father ____ Mother ____ Grandparent ____ Other ____
Shared custody will affect attendance ____
Additional Phone Number _____

Registration Form due July 15, 2011 + Classes begin Sunday, September 11, 2011

Fees:

\$ 90.00 one child
\$ 165.00 two children
\$ 200.00 Three or more children
(Family maximum \$250.00 in Preschool and Elementary Program)

Payment:

____ Pay in Full at time of registration
____ I would like to discuss financial aid/payment plan
____ Teacher Waiver

Payment is due at the time of registration

Unless other arrangements have been made and approved by the Parish Staff.
All returned checks will be assessed for bank fees incurred

Late Fee: \$ 25.00 on returning student registrations after July 15, 2011
~ Late registration accepted only as space allows ~

Fill out this form, attach cash or a check made payable to: **St. Elizabeth Ann Seton Parish**, return it to the PRP office, drop it in the collection basket, or mail to parish office:

St. Elizabeth Ann Seton
5890 Buckwheat Road
Milford, OH 45150

Office Information Only:

Date _____ Amount of Payment received _____ Check No. _____
Paid By Cash _____ Received by _____ Comments _____

STUDENT REGISTRATION FORM - Parish Religion Program (PRP)

Elementary PRP Student Information 2011 – 2012

NOTE: All **Second Grade** registrations MUST be accompanied by a copy of the child's Baptismal Certificate if the child was baptized at a parish other than Seton.

FAMILY NAME _____

Child's Name: _____	M/F (circle)	Grade _____ (2011-12)	School _____
Birth Date: _____			
Health concerns regarding this child: _____			
Learning disabilities we need to be aware of: _____ (Supply IEP if possible)			
Sacraments received:		Parish	Location
Baptism date	Place		
First Penance date	Place		
First Eucharist date	Place		

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