

ST. ELIZABETH ANN SETON PARISH
STUDENT REGISTRATION FORM - PARISH RELIGION PROGRAM (PRP)

2018 – 2019

HOME SCHOOLING FORM

Today's Date _____

Family Name _____ Returning Family ___ NEW FAMILY* ___

*Previous Religious Ed Participation: Yes ___ Location _____ No ___

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 ___
Additional Phone Number _____

Registration Form due July 15, 2018 + Please begin on September 9, 2019

Fees:

\$ 45.00 One child
\$ 75.00 Two or more children

Payment:

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

All returned checks will be assessed for bank fees incurred

Payment is due at the time of registration

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

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HOME SCHOOL PRP STUDENT INFORMATION 2018 - 2019

NOTE: All 2nd Grade PRP students must attend the SUNDAY PRP Program because of Sacramental Prep

FAMILY NAME _____

Child's Name: _____	M/F <small>(circle)</small>	Grade _____ <small>(2018-19)</small>	School _____
Birth Date: _____			
Health concerns regarding this child: _____			
Learning disabilities we need to be aware of: _____			
Sacraments received:			
Baptism date	Place	Parish	Location
First Penance date	Place		
First Eucharist date	Place		

Child's Name: _____	M/F <small>(circle)</small>	Grade _____ <small>(2018-19)</small>	School _____
Birth Date: _____			
Health concerns regarding this child: _____			
Learning disabilities we need to be aware of: _____			
Sacraments received:			
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