



## 2009-2010 Catholic Education Program Registration Form Shrine of St. Padre Pio

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

<b>Section I – Parental Information</b>					
Are you registered with the parish?    Yes _____    No _____					
Father's Name: _____ (Last, First, Middle)			Mother's Name: _____ (Last, First, Middle)		
<b>(Answer Yes or No to the following)</b>					
	Are you Baptized?	Have you received 1 <sup>st</sup> Reconciliation?	Have you received 1 <sup>st</sup> Communion?	Are you Confirmed?	Married by the Catholic Church?
<b>Father</b>					
<b>Mother</b>					

<b>Section II – Children Information</b>					
Student Name	Age	Grade	School Attending	CEP Grade	Desired Session (K-5 <sup>th</sup> only)
CEP Grade Levels	Session	Day of the Week		Time	
Nursery		Sunday Mass		10:30 am	
Pre-School		Sunday Mass		10:30 am	
Confirmation		Tuesday/Thursday		6:45 pm – 8:15 pm	
Kinder - 5 <sup>th</sup>	1 <sup>st</sup>	Wednesday		4:15 pm – 5:30 pm	
Kinder – 5 <sup>th</sup>	2 <sup>nd</sup>	Sunday		4:15 pm – 5:30 pm	
Middle School		Sunday		6:30 pm – 8:15 pm	
High School		Sunday		6:30 pm – 8:30 pm	

Please complete the contact information on the back of this form. Thank you.

**Section III – Contact Information**

Contact Information: Joint custody? Yes \_\_\_\_ No \_\_\_\_ Custodial Parent: \_\_\_\_\_

**Father:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Mother:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Emergency Contact Information: (other than parent/guardian)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Please indicate if you would be interested in helping in the CEP program.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Section IV – Tuition Fee for CEP Program**

CEP Level(s)	Number(s)		Tuition Fee	Totals
Pre-K/Nursery Child	Per child	⇒	\$25/child	
K – high school	1 child	⇒	\$40	
K – high school	2 children	⇒	\$70	
K – high school	3 and beyond	⇒	\$90	
# of children taking sacraments (1 <sup>st</sup> Communion/Confirmation)		times	\$30	
			Grand Total	\$

**For Office Use Only:**

Tuition Amount: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Cash \_\_\_\_\_ Check No. \_\_\_\_\_