

Church of the Divine Child
Religious Education Department
25001 Herbert Weier Drive
Dearborn, MI 48128
(313) 562-8667

Grades 1-8 Religious Education Registration Form

Member of Divine Child Parish? Circle: Yes/ No If yes, env. # _____

Student's Name:

Grade in September:

Address:

School attending
in September:

City:

Zip:

Date of birth:

Telephone Home:
Cell:

Male () Female ()

Email address: _____

How many years of formal religious education has the student had? _____

Please mark the sacraments the student has received:

() Baptism () Reconciliation (Penance) () Holy Communion

Please list any allergies, medical conditions or special considerations:

Father's name:

Religion:

Mother's name:

Religion:

In case of emergency, please contact:

Name:

Phone#:

Tuition.....Due upon receipt of registration

Grade 1-6	\$100 per student
Grade 7 & 8	\$110 per student

Date Paid:

Amt Paid:

Cash:

Check #

(Form revised 4/1/08)