

**CATHEDRAL OF THE HOLY SPIRIT - RELIGIOUS EDUCATION PROGRAM
4-YEAR OLD – 8TH GRADE REGISTRATION FORM**

Religious Education Office, 508 Raymond Street, Bismarck ND 58501

ONLY NEW and REQUEST OF TIME CHANGE STUDENTS NEED TO REGISTER

(Last year's Four Year Olds-Seventh Grade students are automatically registered for this year)

GRADE _____ Male _____ Female _____ Date of Registration ____/____/____

NAME OF STUDENT

First

Middle

Last

BIRTH

Month

Day

Year

City

State

PUBLIC SCHOOL

ANY SPECIAL NEEDS OR ALLERGIES

Please check which session your student will attend on **Wednesdays:**

Four year olds – Sixth Grade: **4:00 PM to 5:00 PM Session** _____

Four year olds – Sixth Grade: **5:30 PM to 6:30 PM Session** _____

Seventh and Eighth Grade: **7:00 PM to 8:15 PM Session** _____

FEE: \$50.00 for each child. To be billed in October.

FATHER _____ Religion _____

First Name

Last Name

MAILING ADDRESS _____

Address

City

State

Zip

TELEPHONE: Home _____ Work _____ Cell _____

E-MAIL ADDRESS _____

MOTHER _____ Religion _____

First Name

(Maiden Name)

Last Name

MAILING ADDRESS _____

Address

City

State

Zip

TELEPHONE: Home _____ Work _____ Cell _____

E-MAIL ADDRESS _____

(Mailings will be sent to both addresses, if different, unless otherwise specified.)

BAPTISM:

Church

City/State

Month

Day

Year

New students MUST attach a copy of their Baptismal Certificate

If you are having problems locating a copy call our office at 222-2259