

605 Luzerne Avenue, West Pittston, PA 18643 • Phone: 570-654-2753 • Fax: 570-654-9244

## **RELIGIOUS EDUCATION REGISTRATION 2022-2023**

Student's Full Name			
Address			
City			ZipCode
Date of Birth	Age	Phone #	
School CurrentlyAttending			Grade
Baptized at(Students in 2 <sup>nd</sup> gra Redeemer Church, Health Information: (Is needs, allergies, etc w	<u>PLEASE</u> include a your child on a	copy of baptism)  Iny medication or	

## Parent/Guardian Information

Father's Name		Phone		
E-Mail				
Mother's Name	(Please include maid	Phone len name)		
E-Mail				
For corresponden	ce purposes, whose	information should we use?		
Father's	Mother's			
Emergency contac	et: (person other tha	an parent)		
Name		Phone #		
		<u>Dismissal</u>		
Please note pare the school to pic		hildren in grades K, 1 and 2 mu	st come into	
Please list anyon be picking up yo	e (name & phone n ur child from class	number), other than a parent/gu	ardian who will	
the expense of boo contact Msgr. Sem form and drop it in	oks/teaching material pa or Mrs. Joyce Ced	60.00 per family) which will be use Is. If you need special considera cconi at 570-654-2753. You can co iil. If you have any questions, con y. Thank you	tion, please omplete thus	
Registration fee en	iclosed Yes	No		
Parent/Guardian S	ignature	Dat	e	