

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

## **RELIGIOUS EDUCATION REGISTRATION 2023-2024**

Student's Full Name	e			
Address				
City		ZipCode		
Date of Birth	Age	Phone #		
School CurrentlyAttending			Grade	
PLEASE included the second sec	ude a copy of his/her ba o <u>n</u>	ptism)	isti or St. Barbara Parishes, needs, allergies, etc. we	
Would your son/d	aughter be intereste	ed in taking part in th	ne Family Masses?	
Yes	If yes, reading pa	rt Non-ı	reading part	
No				

## **Parent/Guardian Information**

Father's Name			Phone		
E-Mail					
Mother's Name	(Please	include maid	Phoen name)	one	
E-Mail					
For corresponder	nce purpo	ses, whose	information shoul	d we use?	
Father's	Mothe	er's			
Emergency conta	<u>ct:</u> (pers	on other tha	n parent)		
Name			Ph	one #	
Diagram mater manual		iono of abile	<u>Dismissal</u>	and 2 mount name into	. 41
	their chil	d. Please lis	st anyone (name &	and 2 must come into phone number), other lass.	
A registration fee	of \$30.00 ooks/teac	per child (\$ hing materia	60.00 per family) v Is. If you need sp	which will be used to h	elp defray
				mail it to the rectory . com or at the rectory.	
Registration fee e	nclosed	Yes	No		
Parent/Guardian S	Signature			Date	