



CHURCH OF THE HOLY ANGELS

LAUNCH FAITH FORMATION & GENERATIONS OF FAITH REGISTRATION 2009-2010

PLEASE CHECK YOUR 1ST AND 2ND CHOICE:

1ST CHOICE:

2ND CHOICE:

- | | | |
|--------------------------|------------------|--------------------------|
| <input type="checkbox"/> | SUNDAY AFTERNOON | <input type="checkbox"/> |
| <input type="checkbox"/> | SUNDAY EVENING | <input type="checkbox"/> |
| <input type="checkbox"/> | MONDAY EVENING | <input type="checkbox"/> |

Family Name: _____ *PLEASE PRINT!*

Address: _____

City _____, OH Zip _____

Home Phone (____) _____ E-Mail Address _____

Prefer email vs. US mail when possible Please add us to parish newsletter email list

Mom's First Name: _____ Dad's First Name: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's Work Phone (____) _____ Dad's Work Phone (____) _____

Student lives with: Natural Mother Natural Father

Student Information:

	First Name <small>(Include LAST NAME if differe</small>	Grade & School <small>** In August, 2009</small>	Class Information <small>(Office Use Only)</small>	Any allergies, medical issues, or special circumstances
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

TUITION: \$75.00 per student

**** Returning student registration must be dropped off or mailed to the Religious Education Office on or before August 15, 2009 to avoid a \$10/student late fee. Please include \$10.00 late fee per student if registering after August 15, 2009. All fees are non-refundable.**

Make Checks Payable to: Holy Angels Religious Education

*Mail to: Church of the Holy Angels
Religious Education Office
18205 Chillicothe Road
Chagrin Falls, Ohio 44023*

OR ~ To Pay by Credit Card:

Credit Card # _____ Exp. Date ____/____/____

Security Code: _____ Amount: \$ _____ Signature _____

Office Use Only

Date Rec'd _____	Tuition Due _____	Notes: _____
Filed PDS _____	Paid _____	_____
	Cash _____	_____
Number _____	Check # _____	_____
	CC _____	_____