



CHURCH OF THE HOLY ANGELS

LAUNCH FAITH FORMATION

PLEASE CHECK YOUR 1ST AND 2ND CHOICE:

REGISTRATION 2011-2012

1ST CHOICE:

2ND CHOICE:

- SUNDAY AFTERNOON
- SUNDAY EVENING
- MONDAY EVENING

Family Name: _____

Address: _____

City _____, OH Zip _____

Home Phone (_____) _____ Current E-Mail Address _____

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 Information:

First Name (Include LAST NAME if different)	Grade & School ** In August, 2011	Class Information (Office Use Only)	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 1, 2011 to avoid a \$10/student late fee. Please include \$10.00 late fee per student if registering after August 1, 2011. 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

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