Catechesis Registration

Household Name: _____ Registered at (mark one) : ☐SMR ☐HG ☐ SH

Address: _____ City: _____ Zip:_____ e-mail: _____

Home phone: _____ work: _____ mobile: _____

Household Members (including parents/guardians and other members of household)

First Name (+last name if different from household name)	M/F	Age	Birth date	Grade in Sept.	Location of class		Allergies/medical concerns office/catechist should know about
					SH HG SMR		

Please use reverse for additional members of household

Registration/Supply Fee = $35 (per participant) x _____ = $_____ OR $100.00 (per family) = _____

Scholarship Donation $_____

Total Due: _____ Total Received: _____