

ST. GEORGE ROMAN CATHOLIC PARISH

K-8 RELIGIOUS EDUCATION REGISTRATION FORM

2026/2027

PLEASE PRINT CLEARLY

FAMILY INFORMATION:

DATE: _____

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Guardian's Name (if different): _____

Home Address: _____

Home Phone: _____

Father's Work Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Cell Phone: _____

In case of emergency or illness, and the parents cannot be reached, do you authorize the Religious Education staff to act if medical assistance is necessary? (Please circle) YES or NO

Parent Signature

Emergency contact **other than parent**

Phone #

Relationship to Child

REGISTRATION FEES: \$50 PER STUDENT – **PAYMENT DUE AT TIME OF REGISTRATION**

Check enclosed Cash

No Child will be turned away due to financial difficulties. If you require financial assistance, please contact the Parish Office at 480-982-2929.

VOLUNTEERS NEEDED:

I'd like to volunteer for:

- Catechist
- Substitute Catechist
- Monitor – Parking/Courtyard

