

**St. Basil Catholic Church Religious Education Program
2016-2017 School Year NEW STUDENT ENROLLMENT FORM**

1230 Nebraska St., Vallejo, CA 94590 -R.E. Office (707) 644-8309 - Email: Stbasilvallejore@gmail.com
Students must have attended and completed 2 years of Religious Education before receiving a Sacrament

| | |
|--------------------------|--------------------------|
| Baptismal Certificate | Birth Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> |

Parish Envelope Number: _____ AS LISTED ON PARISH RECORDS

Last Name of Child(ren) _____ Family Home Phone# _____

Address: _____ City: _____ Zip: _____ Family Email: _____

Child(ren) live with : Both Parents _____, Mother _____, Father _____, Other _____, please specify: _____

| |
|--|
| Father's Name: _____ Religion: _____ Hm Phone# _____ Father Occupation: _____ Father Cell Phone# _____ Email: _____ Address: _____ City: _____ Zip: _____ Safe Enviroment Trained? Yes or No Fingerprinted with the Diocese of Sacramento? Yes or No |
| Mother's Name: _____ Religion: _____ Hm Phone# _____ Mother Occupation: _____ Mother Cell Phone# _____ Email: _____ Address: _____ City: _____ Zip: _____ Safe Enviroment Trained? Yes or No Fingerprinted with the Diocese of Sacramento? Yes or No |
| Emergency Contact Name: _____ Phone# _____ Cell# _____ Relationship to child(ren) _____ Doctor _____ Phone# _____ |

| Student Name | | | Sex | Birth Date | Baptism | Reconciliation | First Eucharist | Confirmation | Grade in | RE Class Assigned to |
|--------------|-------|--------|-----|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|----------------------|
| Last | First | Middle | M/F | Include M/D/Yr | Y/N Date if Completed | Y/N Date if Completed | Y/N Date if Completed | Y/N Date if Completed | in Sept 2016 | |
| 1) | | | | | | | | | | |
| 2) | | | | | | | | | | |
| 3) | | | | | | | | | | |
| 4) | | | | | | | | | | |

Special Needs: Yes No If so, Name of Child and please specify: _____

TO BE FILLED OUT BY RELIGIOUS ED. STAFF

TO BE FILLED OUT BY RELIGIOUS ED. STAFF

Tuition - 2016-2017 School Year

| | |
|--------------------------|---|
| <input type="checkbox"/> | REGISTERED & CONTRIBUTING 1ST CHILD—\$90 EACH ADDITIONAL CHILD - X \$75 TOTAL TUITION \$ _____ |
| <input type="checkbox"/> | REGISTERED, NOT CONTRIBUTING EACH CHILD X \$150 TOTAL TUITION \$ _____ |
| <input type="checkbox"/> | NOT REGISTERED EACH CHILD - X \$150 TOTAL TUITION \$ _____ |

| | |
|--|----------|
| PAST DUE TUITION AMOUNT: | \$ _____ |
| CURRENT TUITION AMOUNT: | \$ _____ |
| Registration LATE FEE is \$25.00 AFTER 7/31/16: | \$ _____ |
| TOTAL TUITION DUE: | \$ _____ |
| AMOUNT PAID <i>(1/3 non-refundable deposit due at registration)</i> | \$ _____ |
| BALANCE DUE | \$ _____ |
| <i>(Balance Due By Sept 1, 2016)</i> | |

Returned Checks must be replaced with cash or money order with additional return check fee of \$32.00
Parent Signature _____
Contributions Verified By: _____ Date: _____

CASH CHECK # _____
RECEIPT # _____
Notes: _____