

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

1230 Nebraska St., Vallejo, CA 94590 - R.E. Office (707) 644-8309 - Email: Sbasilvallejore@gmail.com

Students must have attended and completed 2 years of Religious Education before receiving a Sacrament

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	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

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Tuition - 2016-2017 School Year

REGISTERED & CONTRIBUTING
 1ST CHILD—\$90
 EACH ADDITIONAL CHILD - X \$75
 TOTAL TUITION \$ _____

REGISTERED, NOT CONTRIBUTING
 EACH CHILD X \$150
 TOTAL TUITION \$ _____

NOT REGISTERED
 EACH CHILD - X \$150
 TOTAL TUITION \$ _____

Returned Checks must be replaced with cash or money order with additional return check fee of \$32.00

Parent Signature _____
 Contributions Verified By: _____ Date: _____

PAST DUE TUITION AMOUNT: \$ _____

CURRENT TUITION AMOUNT: \$ _____

Registration LATE FEE is
\$25.00 AFTER 7/31/16: \$ _____

TOTAL TUITION DUE: \$ _____

\$ _____

AMOUNT PAID \$ _____

(1/3 non-refundable deposit due at registration)

BALANCE DUE \$ _____

(Balance Due By Sept 1, 2016)

CASH CHECK # _____

RECEIPT # _____

Notes: _____
