

St. Basil Catholic Church Religious Education Program  
**2017-2018 School Year NEW STUDENT ENROLLMENT FORM**

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

BAPTISMAL CERTIFICATE  BIRTH CERTIFICATE

**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: \_\_\_\_\_  
 SHEILD THE VUNERABLE 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: \_\_\_\_\_  
 SHEILD THE VUNERABLE 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 Sept 2017	RE Class Assigned to
1)								
2)								
3)								
4)								

**Special Needs:** Yes No If so, Name of Child and please specify special need: \_\_\_\_\_

**TO BE FILLED OUT BY RELIGIOUS ED. STAFF**

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Tuition - 2017-2018 School Year

REGISTERED & CONTRIBUTING ST BASIL PARISHIONER  
 1<sup>ST</sup> CHILD-\$90.00 EACH ADDITIONAL CHILD +\$75.00

TOTAL TUITION \$ \_\_\_\_\_

REGISTERED, NOT CONTRIBUTING  
 EACH CHILD - \$150  
 TOTAL TUITION \$ \_\_\_\_\_

NOT REGISTERED  
 EACH CHILD - \$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 7/31/17 \$ \_\_\_\_\_

TOTAL TUITION DUE: \$ \_\_\_\_\_

\$ \_\_\_\_\_

**AMOUNT PAID:**

\$ \_\_\_\_\_

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

BALANCE DUE \$ \_\_\_\_\_

(Balance Due By: Sept 1, 2017)

CASH  CHECK

# \_\_\_\_\_

RECEIPT

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