

St. Basil Catholic Church Religious Education Program
2017-2018 School Year RETURNING 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

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(ran) _____ Doctor _____ Phone# _____

Student Name	Sex	Birth Date	Baptism	Reconciliation	First Eucharist	Confirmation	Grade in Sept 2017	RE Class Assigned to		
									Last	First
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

TO BE FILLED OUT BY RELIGIOUS ED. STAFF

Tuition - 2017-2018 School Year

REGISTERED & CONTRIBUTING ST BASIL PARISHIONER
 1ST 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 # _____