

Family Last Name: _____

Are you a Parishioner? (P=Parishioner, NP=Non-Parishioner)

Father: _____ **Religion** _____

Cell # _____ **Work #** _____

Mother: _____ **Religion** _____

Cell #: _____ **Work #:** _____

Home #: _____

Address: _____

City/St./Zip: _____

Family Email Address: _____

Child(ren) resides with: (circle all that apply)

Both Parents Father Mother Step Parent Other

Send payment to: **Assumption Religious Education Office**
6391 Belmont Ave., Belmont, MI 49306

Tuition:
One child \$ 90.00
Two children \$110.00
Three or more \$125.00
*Non-Parishioner \$140.00 each child

***NOTICE:** Parishioner status is determined by being registered at the Parish Office, financially supporting and/or volunteering in the parish. If you are not currently a registered parishioner, contact the parish office @ 361-5126 x.200

Talents I could share with the Religious Education Program, i.e. substitute teach, catechist, catechist helper, musical abilities, hall monitor.

MEDIA RELATIONS/PROMOTIONS RELEASE-PLEASE SIGN BELOW

I give my permission to Assumption B.V.M., Belmont, MI, to use photographs, videotape, website photos, or any likeness for publicity purposes and the use of statements made by or attributed to my child relating to the Catholic Diocese of Grand Rapids for this or similar promotions and grant the Assumption B.V.M. any and all rights to said use without further compensation. It is my understanding that my signature below releases the Catholic Diocese of Grand Rapids from any financial or legal responsibilities for the use of this media relations/promotional material(s).

Name _____ Signature _____

Today's Date: _____

Office Use Only:
Invoiced Date _____
Family ID # _____

Class Time Choices for 2009/2010

PRE, K, & 1st Sunday, 11:00 AM
Grade 1-7 Wednesday, 4:30 – 6:00 PM
Grade 1-7 Wednesday, 6:30 – 8:00 PM
Grade 6 & 7 Youth Group Sun., 6:30 PM-8:30 PM (no charge)
Confirmation Wednesday, 6:30 – 8:00 PM

1st Child (First & Last): _____

D.O.B.: _____ **Gr. in the fall of 2009:** _____

Name of school (not district): _____

Time: Sunday AM _____ 4:30 PM _____ 6:30 PM _____
Sunday PM _____

Sacraments Received (Circle all that apply):

Baptism Reconciliation Eucharist

2nd Child (First & Last): _____

D.O.B.: _____ **Gr. in the fall of 2009:** _____

Name of school (not district): _____

Time: Sunday AM _____ 4:30 PM _____ 6:30 PM _____
Sunday PM _____

Sacraments Received (Circle all that apply):

Baptism Reconciliation Eucharist

3rd Child (First & Last): _____

D.O.B.: _____ **Gr. in the fall of 2009:** _____

Name of school (not district): _____

Time: Sunday AM _____ 4:30 PM _____ 6:30 PM _____
Sunday PM _____

Sacraments Received (Circle all that apply):

Baptism Reconciliation Eucharist