



CHURCH OF THE
**DIVINE
CHILD**

Grades K-8 Religious Education Registration Form

1055 N. Silvery Lane Dearborn, MI 48128
Religious Education Office (313) 562-8667

Are you a current member of Divine Child Parish? Yes/No Envelope# _____

Student's name: _____

Address: _____

City: _____

Zip: _____ Telephone: _____

Email Address: (please print clearly) _____

Grade in September: _____ School attending in September _____

How many years of formal religious education has the student received? _____

Please mark the sacraments the student has received, and where:

() Baptism/ _____

() Reconciliation/ _____

() Holy Eucharist/ _____

Please list any allergies, medical conditions, or special considerations:

Father's Name/ Religion: _____

Mother's Name /Religion: _____

In case of emergency, please contact:

Name: _____ Relationship to student: _____

Phone: _____

Tuition is due upon receipt of this registration.....checks payable to "Divine Child"

Grades 1-6 : \$100 per student

Grades 7,8: \$110 per student

Date Paid: _____ Amt. Paid : _____ Cash _____ Check # _____