RELIGIOUS EDUCATION PROGRAM AT ST. PRISCILLA PARISH

6949 W Addison St. Chicago, IL 60634 (773) 685-3785 aharmata@archchicago.org



		FATHER'S NAME _ MOTHER'S NAME _ ADDRESS		First and La	ast	M			
CITY	<i>I</i>				STATE	ZIP C	ODE		
Cell				EMAIL A	ADDRESS				
		CY CONTACT							
Do o	ny of yo	our abildran baya allara	ios or re	First & Last N					
D0 a	ny or yo	our children have allerg	ies or re	equire medicine	?				
Do y	ou give	your permission to use	photos	with your child	d on parish	website?	Yes No	_	
ARE `	YOU REC	GISTERED PARISHIONER	? YES	PARISH #	ŧ	NO	-		
	First and	d Last Name	F/M	Date of Birth M/D/Y	Place of Birth	Place/Church of Baptism	Church of F.H. Communion	Grade in day school	Grade in REP
1.									
2.									
3.									

1.								
2.								
3.								
	nt attended Rel Ed. Program last year ISMAL CERTIFICATE □	NoY	es If Yes N			, □Father, □Motho		
f no, p Name	ents are separated or divorced, does the please submit documents of the person responsible of child's ents must provide a dated and signed let	lucation_						
PARE	ENT/GUARDIAN SIGNATURE	DATE						
FULL PAYMENT DUE OCT. 31, 2023 (Payment Plan is available) Minimum nonrefundable r								
	ld \$200.00 2 Children ional Fee Related to F.H. Communi		3 Child		\$100.00	_ 7 Gr. B	ible Fee \$30.	00
ГОТА	L TUITION TO PAY \$							
AMO	UNT PAID \$				_ CHECK #	DATE		

AMOUNT to Pay \$ _____ CHECK # ____DATE____

REP Rep. Initials _____DATE____