



(office use only)

Date Rec'd: _____
 Check #: _____ Amount: _____

Please fill out this form completely. Please print clearly.

Child's Full Name (First, Middle & Last)	Sex (M/F)	DOB	Grade (9/2010)	School Attending	Baptism Date & Place	1st Reconciliation Date & Place	1st Eucharist Date & Place

Address: _____ City: _____ Zip Code: _____ Home Phone Number: _____

Father's Name: _____ Email Address: _____ Work Phone: _____ Cell: _____

Mother's Name: _____ Email Address: _____ Work Phone: _____ Cell: _____

Parents Religion: _____ Child lives with: _____ Are you the Custodial Parent? Yes No

Is your family registered with Guardian Angels? Yes No If not where? _____

How would you like to receive your weekly family newsletter and other information? **EMAIL:** _____ **OR**
Send Home with Child _____ **name**

A \$40.00 non-refundable registration fee is due with this registration form. The remaining balance will be due on the first day of class.

	<u>Before June 1st:</u>	<u>By September 1st:</u>	<u>After September 1st:</u>
Tuition Sunday School:	\$40.00	\$45.00	\$50.00
Tuition Grades 1-8:	\$75.00 First Child \$120.00 Two Children \$155.00 Three + Children	\$80.00 First Child \$125.00 Two Children \$160.00 Three + Children	\$85.00 First Child \$130.00 Two Children \$165.00 Three + Children
Ninth/Tenth Grade	\$60.00	\$65.00	\$70.00

Registration forms for sacramental preparation (grades 2 and 9 and 10) will be mailed in August. Additional fees will apply.

Would you like to make a contribution towards a child's faith formation who is unable to pay? Yes _____ Amount _____

Please send this form along with a check made payable to Guardian Angels Church to:
 Guardian Angels Church, Attn: Faith Formation, 215 West Second Street, Chaska, MN 55318.

