

St. Benedict Parish at St. Francis Xavier Church Religious Education Registration Form

Parents/Guardians

Mother's Full Name: _____

Mother's Address: _____ City _____ Zip _____

Home phone: _____ Work: _____ Cell: _____

Email address: _____

Father's Full Name: _____

Father's Address (if different) _____ City _____ Zip _____

Home phone: _____ Work: _____ Cell: _____

Email address: _____

Correspondence mailed to both addresses? Yes _____ No _____

I would be interested in teaching: Yes ___ No ___ (discounted fee for teachers)

What grade/day/time would you be interested in? _____

Below is a list when Religious Education classes meet. Please choose a day and time that best suits your family to enroll your child (ren) into the Religious Education program. The classes are scheduled from the first week of September to the end of May.

- **Sundays** at St. Benedict Parish in San Francisco at **11:00am** (after the Liturgy of the Word)
- 2nd and 4th **Saturdays** at a **Home School** in San Mateo County from **10:00am – 12:00pm**

Child's Full Name	M/F	Date of Birth	Grade	Day	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please complete other side

Tuition: \$75.00 per child

\$20.00 Sacrament prep fee for First Eucharist & Reconciliation

Amount of Tuition Enclosed: \$ _____ (Payment must accompany registration)

No family is denied Religious Education due to lack of financial resources-please contact Nancy McCormick at dreamstar44@gmail.com or tel: 415 255 - 5741 (Video Phone) or Fr. Paul Zirimenya at zirimenya@gmail.com, tel: 415 567- 9855 (Voice) or 415-683-7845 (Video Phone) if unable to pay.

Please check each sacrament your child (ren) has received:

Name of child:	Baptism	Reconciliation	Eucharist
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Education Needs: (Child's name) _____

_____ Vision _____ Hearing _____ Physical Disability

_____ Learning Disability _____ ADD/ADHD (on medication)

Cognitive _____ Allergies (please list) _____

Emergency Contact Information:

1. _____ Phone: _____

2. _____ Phone: _____

Public Schools child (ren) are attending: _____

Any questions contact R.E. Office 415 567 - 9855 (Voice) or 866 896 – 0968 (Video Phone)

St. Benedict Religious Education
Attn: Nancy McCormick, CRE
1801 Octavia Street
San Francisco, CA 94109

For Office Use Only:

Tuition Paid \$ _____ Check Number _____ Cash _____ Initials _____