

St. Hugo of the Hills Religious Education

2215 Opdyke Road
 Bloomfield Hills, MI 48304
 248-642-6062

Date of Registration	
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Registration Form 2007-2008 (Due Aug. 15, 2007)

Family Name	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
E-mail Address	
Child Lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other
If parents are divorced, custody was granted to:	<input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father
Member of St. Hugo	<input type="checkbox"/> Yes <input type="checkbox"/> No
St. Hugo Envelope Number	# _____

Name of Father	
Address <i>(if different)</i>	
City / State / Zip <i>(if different)</i>	
Occupation	
Work Phone	
Cell Phone	
Religion	

Name of Mother	
Address <i>(if different)</i>	
City / State / Zip <i>(if different)</i>	
Occupation	
Work Phone	
Cell Phone	
Religion	

Parishioner Rel. Ed. Tuition: One Child -- \$175
 Two Children -- \$200
 Three or more Children -- \$225

Non-Parishioner Rel. Ed. Tuition: \$225 - Per Child

Sacrament Fee: Grade 2 and Grade 8: \$75 - Per child
Bible Fee: Grade 6: \$13 - Per Child

Registration Late Fee (after Aug. 15) = \$75

Name of Child #1	
Gender	() Male () Female
Grade in Fall	
School	
Birth Date	
Age	
Special Needs	
Allergies	
Time for RE Class	() Monday K-8 (4:30-5:45) () Monday 6-8 (7:00-8:15)

Name of Child #3	
Gender	() Male () Female
Grade in Fall	
School	
Birth Date	
Age	
Special Needs	
Allergies	
Time for RE Class	() Monday K-8 (4:30-5:45) () Monday 6-8 (7:00-8:15)

Name of Child #2	
Gender	() Male () Female
Grade in Fall	
School	
Birth Date	
Age	
Special Needs	
Allergies	
Time for RE Class	() Monday K-8 (4:30-5:45) () Monday 6-8 (7:00-8:15)

Name of Child #4	
Gender	() Male () Female
Grade in Fall	
School	
Birth Date	
Age	
Special Needs	
Allergies	
Time for RE Class	() Monday K-8 (4:30-5:45) () Monday 6-8 (7:00-8:15)

Emergency Contact: _____ Phone Number: _____ Family Doctor: _____ Phone Number: _____

Hospital of your choice in the event that injury needs immediate attention and no one can be reached: _____

**I agree to pay any and all charges which may become necessary during any emergency treatment and/or pay any and all hospital charges if my child must be taken to the hospital should the religious education office be unable to locate me by telephone at the time of the said emergency.

Release mailing information to local high schools for literature: () Yes () No

Additional adults to pick-up child(ren) with my permission _____ Phone _____
 _____ Phone _____

Signature of parent/guardian _____ Date _____