

St. Hugo of the Hills Religious Education

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

Registration Form 2011-2012 (Due September 8, 2011)

Today's Date: _____ PLEASE FILL OUT FORM COMPLETELY.
 Is your family new to the RE Program at St. Hugo [] Yes [] No

First Class Day is September 26, 2011

Attention: If you are new to St. Hugo's RE or have children in Grades K and 1 of the Religious Education program, you must attach a copy of each child's Baptismal Certificate, per Archdiocese of Detroit's requirements.

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

Name of Father	
Address <i>(if different)</i>	
Work Phone	() _____ (w)
Cell Phone	() _____ (c)
Religion	____ Roman Catholic ____ Orthodox ____ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) ____ Other (please describe) _____

Name of Mother	
Address <i>(if different)</i>	
Work Phone	() _____ (w)
Cell Phone	() _____ (c)
Religion	____ Roman Catholic ____ Orthodox ____ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) ____ Other (please describe) _____

Tuition Rates:
Parishioner Rel. Ed. Tuition: One Child \$210
 Two Children \$285
 Three or more Children \$310

Sacrament Fee: Grade 2 and Grade 8: \$100 - per child
Bible Fee: Grade 6: \$12 - per child

Total enclosed: _____

Non-Parishioner Rel. Ed. Tuition: \$335 - Per Child

Registration Late Fee (after Sept. 8) = \$75

Name of Child #1	() Male () Female
Gender	
Grade in Fall	
School	
Birth Date	
Age	
Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Orthodox <input type="checkbox"/> Eastern Catholic (Chaldean, Melkite, Maronite, etc.) <input type="checkbox"/> Other (please describe)
Special Needs/Allergies	
Time for RE Class	4:45 – 6:00 p.m.

Name of Child #2	() Male () Female
Gender	
Grade in Fall	
School	
Birth Date	
Age	
Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Orthodox <input type="checkbox"/> Eastern Catholic (Chaldean, Melkite, Maronite, etc.) <input type="checkbox"/> Other (please describe)
Special Needs/Allergies	
Time for RE Class	4:45 – 6:00 p.m.

Name of Child #3	() Male () Female
Gender	
Grade in Fall	
School	
Birth Date	
Age	
Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Orthodox <input type="checkbox"/> Eastern Catholic (Chaldean, Melkite, Maronite, etc.) <input type="checkbox"/> Other (please describe)
Special Needs/Allergies	
Time for RE Class	4:45 – 6:00 p.m.

"Circle of Grace" Program Permission Form

My child has my consent to participate in the annual "Circle of Grace" Program, which will be taught in RE class on January 23, 2012. This is in accordance with requirements set by the Safe Environments Office of the Archdiocese of Detroit.

Child #1 Name: _____ Grade: _____
 Child #2 Name: _____ Grade: _____
 Child #3 Name: _____ Grade: _____
 Child #4 Name: _____ Grade: _____

PARENT/GUARDIAN: _____
 (Print Name)

 (Signature)

 (Date)

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: _____
Signature of parent/guardian: _____		Phone: _____
		Date: _____