

DATE: \_\_\_\_\_

**SAINT JOSEPH RELIGIOUS EDUCATION PROGRAM**  
**PO Box 25, Manhattan, Illinois 60442 815.478.4452**  
**2018-2019 School Year**

<b>Family Info</b>	Family Last Name: _____  Father's Name: _____ Home Phone: _____ Mother's Name: _____ Mom/Dad Cell: _____ Home Address: _____ Email: _____ City: _____ Emergency Contact Name & Phone #: _____				
<b>CHILD</b>	CHILD'S NAME: _____ Birthdate: _____ Gender: _____  Grade: _____ Session Circle One: _____ Monday #1 _____ Monday #2 _____ Tuesday _____ Special Needs: medical, learning disabilities, physical disabilities: _____ _____ Sacraments already received and Date: _____ Baptism: _____ Reconciliation: _____ Eucharist: _____ Confirmation: _____				
<b>CHILD</b>	CHILD'S NAME: _____ Birthdate: _____ Gender: _____  Grade: _____ Session Circle One: _____ Monday #1 _____ Monday #2 _____ Tuesday _____ Special Needs: medical, learning disabilities, physical disabilities: _____ _____ Sacraments already received and Date: _____ Baptism: _____ Reconciliation: _____ Eucharist: _____ Confirmation: _____				
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<b>For Office Use Only:</b>					
<b>TUITION DUE:</b>					
<b>BOOK FEE DUE:</b>					
<b>SACRAMENT FEE DUE:</b>					
<b>TOTAL DUE</b>				<b>TOTAL PAID:</b>	
				Check #	