

# 2017 SUMMER PROGRAM

Saint Columbkille Religious Education  
224 East 5<sup>th</sup> Street Papillion, NE 68046 402.339.0990.

## Registration Form

### FAMILY INFORMATION

Parent(s) Last Name	Father's Name	Mother's Name
Home Address	City	Zip Code
Phone	E-mail Address	

The best way to contact me/us is: Home Phone \_\_\_ E-mail (*shown above*) \_\_\_ Other: \_\_\_\_\_

Custodial care is: Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child/children have any special needs we should be aware of to better facilitate his/her needs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

### Consent to Transport in a Medical Emergency:

In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Columbkille Parish to transport my child to a clinic or hospital.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Parent Handbook

By registering my child/children I/we agree to abide by the policies of the St. Columbkille Religious Education Program as outlined in the Parent Handbook e-mailed with this registration form. The Parent Handbook can also be found on the website at <http://www.saintcolumbkille.org/education/formation/children>.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

June 5 through June 16, 2017

Monday through Friday

8:00 a.m. – 12:00 p.m.

Grades Kdg through 8

Child's Name First & Last	Date of Birth	Male Or Female	Grade in School 2017 - 2018	Sacraments Received		Office Use Only
				Yes/No Baptism	Yes/No First Comm.	
1.						
2.						
3.						
4.						
5.						

Registration Fee per Student: \$130.00

$$\underline{\hspace{2cm}} \quad \times \quad \underline{\$130.00} \quad \text{Tuition} \quad = \quad \$ \underline{\hspace{2cm}} \quad \text{Total}$$

- In order to register for the RE Program, you must be registered at St. Columbkille Parish.
- Payment is due in full at the time of registration. Please make checks payable to *St. Columbkille RE*.
- Unless this is your first year of attending the summer program, please list the (4) faith opportunities you attended:

Name of Event	Presenter	Date:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Registration is on a first come, first served basis.**

**Class sizes are limited. Once maximum class size is reached, no further registrations will be accepted. REGISTER EARLY!**

Office Use Only:

Check Amount & Number

Date Received