



**Church of the Divine Child**  
Religious Education Department  
25001 Herbert Weier Drive  
Dearborn, MI 48128  
(313) 562-8667

## Grades 1-8 Religious Education Registration Form

Member of Divine Child Parish?    Circle: Yes/ No    If yes, envelope # \_\_\_\_\_

Student's Name: \_\_\_\_\_    Grade in September: \_\_\_\_\_

Address: \_\_\_\_\_    Public school attending  
in September: \_\_\_\_\_

City: \_\_\_\_\_    Zip: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_    Date of birth: \_\_\_\_\_  
Cell: \_\_\_\_\_    Male ( ) Female ( )

Email address: \_\_\_\_\_

How many years of formal religious education has the student had? \_\_\_\_\_

Please mark the sacraments the student has received:

( ) Baptism    ( ) Reconciliation (Penance)    ( ) Holy Communion

Please list any allergies, medical conditions or special considerations:

Father's name: \_\_\_\_\_    Religion: \_\_\_\_\_

Mother's name: \_\_\_\_\_    Religion: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_    Phone No: \_\_\_\_\_

### **Tuition.....Due upon receipt of registration**

**Grade 1-6            \$100 per student**  
**Grade 7 & 8        \$110 per student**

Date Paid: \_\_\_\_\_ Amt Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_

(Form revised 4/1/08)