

# School Of Christian Living

Dear Friends,

In order for our School of Christian Living teachers and their assistants to properly prepare for the Fall semester and thus help them secure the needed materials in accordance with the requirements of the curriculum, we ask for cooperation from every family with children and young people.

Please fill out the form printed below and submit it to one of our SOCL teachers or Father Joseph R. Cyman, Pastor.

## SCHOOL OF CHRISTIAN LIVING 'Registration Form'

*Dear Father,*

*I wish to register my child (children) in our School of Christian Living.*

**STUDENT'S NAME:** \_\_\_\_\_

**Age:** \_\_\_ **Grade:** \_\_\_\_\_

First Holy Communion: Yes \_\_, No \_\_, Confirmation: Yes \_\_, No \_\_,

Does your child have any learning disabilities? Yes \_\_, No \_\_,

If YES - what kind? \_\_\_\_\_

Does your child have any physical restrictions? Yes \_\_, No \_\_,

If YES - what kind? \_\_\_\_\_

Does your child have any food restriction? Yes \_\_, No \_\_,

If Yes - what kind? \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Someone who can be contacted in an emergency:

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

*Dear Father,*

*I promise to pray for another blessed semester of our Christian Education Program.*

**DATE:** \_\_\_\_\_ **PARENT'S SIGNATURE:** \_\_\_\_\_