

**St. Francis of Assisi Church**  
**Religious Education Program**  
631-754-6436 stfrancisreled@aol.com

**4<sup>th</sup> Grade Registration Form 2024-2025**

TUESDAYS OR WEDNESDAYS 4:30 - 5:30PM

Student Name \_\_\_\_\_

Date of Registration \_\_\_\_\_

School Name and Grade \_\_\_\_\_

Complete Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

MOTHER First & Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

FATHER Name \_\_\_\_\_ Religion \_\_\_\_\_

Does your child have any *learning differences, medical issues,*  
*or allergies* that we should be aware of? Please describe below.

---

---

---

Tuition: 1 child	\$200
2 children	\$330
3 children	\$385
4 children	\$425

(please make check payable to St. Francis of Assisi)

---

Payment \_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_ Amt.\$ \_\_\_\_\_ Bal Due \_\_\_\_\_