

\$25.00 Fee per child:
Preschool through Grade 6

Paid _____ Date _____
Check # _____

For Office Use Only

St. Jude Preschool Program

3 year olds

4 year olds

Kindergarten

*** Must be a registered parishioner ***

Family Name: _____
Last Parent(s)/Guardian(s)

Address: _____
Street City Zip

Home Phone: _____ Cell: _____

Parent E-mail: _____

Child must be 3, 4, or enrolled in Kindergarten (5) on or before August 31, 2008
Child in the kindergarten class must currently be enrolled in a kindergarten school program

Liturgy Preference

_____ **9:00 AM**

_____ **11:00 AM**

- My child's photo may be taken/used for St. Jude Religious Education (RE) promotional purposes.
- I understand that my child's registration information may be made available to St. Jude Staff and RE volunteers.
- I would like to receive information on sacramental preparation (if child has not been baptized).**

Complete All Information	Child #1	Child #2
Student's Full Name		
Last Name (if different)		
Program Choice (3's, 4's, K's)		
Birth Date		
Gender		
Grade		
School Attending		
Sacraments Received (Yes/No)		
Baptism		
Eucharist		
Reconciliation		
Confirmation		
Comments/Health/Allergies		

Complete All Information	Child #3	Child #4
Student's Full Name		
Last Name (if different)		
Preferred Name (nickname)		
Birth Date		
Gender		
Grade		
School Attending		
Sacraments Received (Yes/No)		
Baptism		
Eucharist		
Reconciliation		
Confirmation		
Comments/Health/Allergies		

Please include any additional information that might help us to meet your child/children's needs

For More information contact
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