

\$25.00 Fee per child:
Preschool through Grade 6

Paid _____ Date _____

Check # _____

Parish ID# _____

2009/2010 St. Jude Preschool Program

3 & 4 year olds

Kindergarten

*** Must be a registered parishioner ***

(NEW) Please provide a copy of your child's Baptism certificate.

PLEASE PRINT CLEARLY

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

Address: _____
Street City Zip

Home Phone: _____ Cell: _____

Parent E-mail: _____

_____ **9:00 AM** _____ **11:00 AM**

I would like to assist with my child's faith formation sessions _____

I would like to assist with organizing supplies _____

I would like to assist with special activities or events _____

I would like to assist occasionally with a talent such as singing, crafts ideas, bulletin boards, etc. _____

My child's photo may be taken/used for St. Jude Religious Education (RE) promotional purposes. No names will be used.

I understand that my child's registration information may be made available to St. Jude Staff and RE volunteers.

Parent signature _____ Today's Date _____

Complete All Information	Child #1	Child #2
Student's Full Name(First and Middle)		
Last Name (if different)		
Program Choice (Please circle one)	3yrs or 4yrs or K	3yrs or 4yrs or K
Birth Date		
Gender		
Current 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(First and Middle)		
Last Name (if different)		
Program Choice (Please circle one)	3yrs or 4yrs or K	3yrs or 4yrs or K
Birth Date		
Gender		
Current 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
Mary Kellison – Pastoral Assistant for Faith Formation
(425)883-7685 ext 121 FAX (425)881-2207
MaryK@stjude-redmond.org