

Saint Pius X Religious Education Program
52553 Fir Rd. Granger, IN. 46530 (574) 277-5760

Children of St. Angela Merici (CSAM) Registration Form 2018 - 2019

Student Information (Please type or print using black or blue pen)

	Last Name	First Name	Middle Name	Preferred Name for Class
Grade (Fall 2018, if applicable)	Date of Birth			Age
Address				
	Street Address		City	State Zip Code
Home Phone	Parent Mobile Phone			
Parent E-mail (please type carefully or print clearly)				
Father's Name		Mother's Name		
Are you a registered at St. Pius X?		Yes	No	Child's School

Classes Offered (please indicate preference)

- Tuesday 5:30 – 6:00 Level I (First Reconciliation/First Eucharist and Beyond)**
- Tuesday 5:30 – 6:00 PM Level III (Confirmation Preparation/Middle School)**
- Wednesday 5:30 – 6:00 PM Level II (Life in the Church - Grades 4-6)**
- Wednesday 5:30 – 6:00 PM Level IV (Teen/Adult Faith Formation)**

Sacramental Information

Was your child baptized at St. Pius X?	Yes	No
If your child was baptized in a Catholic church other than Saint Pius, please list name & city		
been baptized in another Christian denomination?	Yes	No
received First Reconciliation?	Yes	No
received First Communion?	Yes	No
received Confirmation?	Yes	No

Registration Fees for children in Religious Education (CCD, CGS, and/or CSAM):

(Please make checks payable to Saint Pius X Church)

	Parishioners (Early Registration)	Parishioners (After July 2)	Non-Parishioners
One child	\$85	\$110	\$120
Two children	\$125	\$150	\$160
Three children	\$165	\$190	\$200
Four or more children	\$195	\$220	\$230

Please call Robby Kiley, Director of Religious Education, at 277-5760 x 117 if this is a financial hardship for your family.

Office Use Only

Date received _____ Check # _____ Amount _____

Student Information Sheet

The following gives us some general information that will allow us to understand better the needs of your child. Please provide us with as much information as you are comfortable giving.

Student lives with: Both Parents Dad Mom Other

Special Needs (Medical Term)

""Special likes:

""Dislikes:

"" Talents/Interests:

"" Any behavioral/medical issues/allergies:

"" Any other information you would like to share/Anything else we should know:

Emergency Contact Information

Please list an emergency contact person if parent(s) cannot be reached:

Name

Cell Phone

Relationship to Student