



CHURCH OF THE  
**DIVINE  
CHILD**

# Grades 1-8 Religious Education Registration Form

1055 N. Silvery Lane, Dearborn, MI 48128  
Religious Education Office (313) 562-8667

Are you a current member of Divine Child Parish? Yes/No      Envelope# \_\_\_\_\_

Student's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Grade in September: \_\_\_\_\_ School attending in September: \_\_\_\_\_

How many years of formal religious education has the student received? \_\_\_\_\_

Please mark the sacraments the student has received:

( ) Baptism                      ( ) Reconciliation                      ( ) Holy Eucharist

Date/Location of Baptism: \_\_\_\_\_

Please list any allergies, medical conditions, or special considerations:

\_\_\_\_\_

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

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

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

**Tuition is due upon receipt of this registration.....checks payable to "Divine Child"**

**Grades 1-6: \$100 per student**

**Grades 7-8: \$110 per student**

\_\_\_\_\_

Date Paid: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_