

REGISTRATION REQUIREMENTS:

- ▶ Parish Registration is a prerequisite for enrollment.
- ▶ Registration for any student will NOT be processed without a copy of her / his baptismal certificate included with this form unless a copy has previously been submitted.
- ▶ Payment must be received at time of registration.
- ▶ Is your family new to Nativity's Religious Education Program? Yes _____ No _____
- ▶ Does your child have any special needs, including food allergies? Yes _____ No _____ If yes, please write child's name and details on the back of this form.

2011 – 2012

**STUDENT REGISTRATION
RELIGIOUS EDUCATION PROGRAM
CHURCH OF THE NATIVITY**

6400 Nativity Lane ♦ Burke, Virginia 22015
Phone (703) 455-0372 ♦ Fax (703) 455-6832
E-mail nativity.ccd@nativityschool.org
www.edu.nativityburke.org

FOR OFFICE USE ONLY	
Reg Date: _____	No. of Children: _____
Family Code: _____	
Fee Due: _____	Teacher: YES NO
Amt Paid: _____	Check #: _____
Check Date: _____	Balance Due: _____

PLEASE CIRCLE BELOW WHO THE STUDENT(S) LIVES WITH BOTH PARENTS MOTHER FATHER GUARDIAN

FAMILY LAST NAME: _____ HOME PHONE #: (_____) _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FATHER/GUARDIAN: _____ MOTHER: _____ MOTHER'S MAIDEN NAME: _____

MOTHER'S WORK #: (_____) MOTHER'S CELL #: (_____) FATHER'S WORK #: (_____) FATHER'S CELL #: (_____)

EMERGENCY CONTACT PERSON: _____ PHONE #: (_____)

STUDENT'S FULL NAME				CIRCLE SEX	DATE OF BIRTH			GRADE IN SEPT. 2011*	SESSION NUMBER** (see Table in lower left corner and circle session number below)	ROOM #	SESSION NUMBER** (see Table in lower left corner and circle session number below)	ROOM #	HAS CHILD RECEIVED ANY OF THE FOLLOWING SACRAMENTS? WRITE: YES or NO			
					MM	DD	YY						BAPTISM	FIRST PENANCE (Confession)	FIRST COMM	CONF
LAST (if different)	FIRST	MI	NICKNAME													
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					

SESSION NUMBER**	DAY	TIME	GRADE
1	SUNDAY	2:00 – 3:15PM	K – 8
2	SUNDAY	4:00 – 5:15PM	K – 8
3	SUNDAY	6:00 – 7:15PM	K – 8 and 9-12 <i>ALREADY CONFIRMED</i>
4	MONDAY	4:00 – 5:15PM	K – 8
5	MONDAY	7:00 – 8:15PM	K – 8
6	TUESDAY	4:30 – 5:45PM	K – 8
7	TUESDAY	7:00 – 8:15PM	K – 8 and 9 – 12 <i>NEEDING CONFIRMATION</i>

★ Grade 2: Parish/city & state student attended 1st grade Rel. Ed. class: _____

★ Grade 8: Parish/city & state student attended 7th grade Rel. Ed. class: _____

If not at Church of the Nativity, previous attendance record and evaluation *must* be provided prior to class placement.

You will be notified ONLY if your FIRST CHOICE CAN NOT be honored.

ANNUAL TUITION FEE SCHEDULE		
<u>1 CHILD = \$90</u>	<u>2 CHILDREN = \$110</u>	<u>3 or MORE CHILDREN = \$130</u>
PLEASE MAKE CHECKS PAYABLE TO: <u>NATIVITY RELIGIOUS EDUCATION</u>		
<i>Teachers volunteering for a full school year of service receive a 50% discount!</i>		