We ask that the family be registered in the parish - If not, call rectory 673 2531 to do so.

Are you new to the parish religious ed program? yes no (please circle)

FAMILY NAME: (Please print): MOTHER: EMAIL: CELL: FATHER:: CELL: MAILING ADDRESS: City/town PREFERRED EMAIL CONTACT: _____ (Please print legibly) Child resides with both parents? yes no (please circle) Please list parent & mailing address: STUDENT NAME(S) (No nick names) GRADE Please indicate your 1st, 2nd, 3rd choice (sessions will be filled on a 1st come, 1st served basis). RETURN BY SEPT. 12TH. Sundays, 9:45-10:30 am @ Center, weekly (grs 1-8 students only) Mondays, 6:15-7 pm @ Center, weekly (grs 1-8 students only) Sundays, Family & grs 1-8 students, 11:45-1:15 pm @ Center, once/month PARENT SIGNATURE: ______DAT Thank you!! We look forward to seeing you! Fee paid_____(cash/check) Will mail in_____ Fee waived _____(scholarship) \$30/student, family rate of 3 or more children \$90. Payable to St. Francis Xavier MAIL TO: SFX CENTER, 53 NORTH ST., MARCELLUS NY 13108 (or pop thru Center Mail slot front door)