Office use only:

Amount Recvd.: _____
Date Recvd.: _____
Check #: _____
Recvd. By _____

HOLY TRANSFIGURATION CHURCH
SUNDAY SCHOOL REGISTRATION

Classes begin 9/20/15 **2015-2016**

TUITION **$15.00 per child**
$35.00 for families of 3 or more

Parent's Name: _____ **Email address**:_____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

Home Telephone # _____ **Mother's Work #**_____ **Father's Work #** _____
Cell # _____ **Cell #** _____

Student's Name	Date of Birth	Grade	Name/Address of School attending
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Allergies or other information: **(use additional forms if needed and staple together)**

New students only:

Student's Name	Date/Place of Baptism	Date/Place of Chrismation	Date/Place of Eucharist
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Comments_____