



**St. Boniface**  
Religious Education

**ST. BONIFACE RELIGIOUS EDUCATION DEPARTMENT**

**Re- Registration Form**

**2022-2023**

Office phone number: (954) 432-2750

[www.saintboniface.us](http://www.saintboniface.us)

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade (22-23)** \_\_\_\_\_

**Parent's e-mail address:** \_\_\_\_\_

**PLEASE INDICATE WHICH SESSION IN RELIGIOUS EDUCATION AND SCHOOL GRADE YOUR CHILD WILL ATTEND:**

First year of preparation for First Reconciliation and First Communion: \_\_\_\_\_

Second year of preparation for First Reconciliation and First Communion: \_\_\_\_\_

Continue Religious Education \_\_\_\_\_

First year of preparation for confirmation \_\_\_\_\_ Second year of preparation for confirmation \_\_\_\_\_

Grade 1 \_\_\_ Grade 2 \_\_\_ Grade 3 \_\_\_ Grade 4 \_\_\_ Grade 5 \_\_\_ Grade 6 \_\_\_ Grade 7 \_\_\_ Grade 8 \_\_\_ Grade 9 \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**

**EMERGENCY CONTACT:** (Please write other than parent/guardian names as Emergency Contact)

1. \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

2. \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

Indicate Special Health Concerns: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

I, the undersigned, do hereby authorize officials of Saint Boniface Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold St. Boniface Catholic Church financially responsible for the emergency care and/or transportation for said students.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, as parent/guardian, and my student agree to abide by the rules and regulations of St. Boniface Religious Education Program.

**Tuition and Fees (per year):**

One Child: \_\_\_\_\_ \$125  
Two Children: \_\_\_\_\_ \$75  
Three or More Children: \_\_\_\_\_ \$50  
First Communion Fee: \_\_\_\_\_ \$55  
Confirmation Fee: \_\_\_\_\_ \$65  
Bible Fee: \$30 \_\_\_\_\_ (3rd grade and above)

**For office use only**

Number of Children Enrolled: \_\_\_\_\_ Total due: \$ \_\_\_\_\_  
Tuition: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
Sacrament/Bible Fees: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_  
Check#: \_\_\_\_\_ Cash: (Receipt #) \_\_\_\_\_



**St. Boniface**  
Religious Education

**ST. BONIFACIO DEPARTAMENTO DE EDUCACIÓN RELIGIOSA**

**Forma de Re-inscripción**

**2022-2023**

Teléfono oficina: (954) 432-2750

[www.saintboniface.us](http://www.saintboniface.us)

Nombre del estudiante: \_\_\_\_\_ Edad \_\_\_\_\_ Colegio \_\_\_\_\_ Grado (21-22) \_\_\_\_\_

Correo-e del padre, madre o Rep. Legal: \_\_\_\_\_

**POR FAVOR INDIQUE CUAL SESIÓN EN EDUCATION RELIGIOSA Y GRADO ESCOLAR ATENDERA SU HIJO:**

Primer año de preparación para primera reconciliación y primera comunión: \_\_\_\_\_

Segundo año de preparación para primera reconciliación y primera comunión : \_\_\_\_\_

Continue Religious Education \_\_\_\_\_

Primer año de preparación para confirmación \_\_\_\_\_

Segundo año de preparación para confirmación \_\_\_\_\_

Grado 1 \_\_\_ Grado 2 \_\_\_ Grado 3 \_\_\_ Grado 4 \_\_\_ Grado 5 \_\_\_ Grado 6 \_\_\_ Grado 7 \_\_\_ Grado 8 \_\_\_

**Información en caso de emergencia de el estudiante**

**CONTACTO DE EMERGENCIA: (POR FAVOR ESCRIBA PERSONAS DIFERENTES AL PADRE O REPRESENTANTE LEGAL)**

1. \_\_\_\_\_ CEL \_\_\_\_\_ CASA \_\_\_\_\_

2. \_\_\_\_\_ CEL \_\_\_\_\_ CASA \_\_\_\_\_

Indique cualquier condición de salud especial: \_\_\_\_\_

Doctor: \_\_\_\_\_ teléfono: (\_\_\_\_\_) \_\_\_\_\_

Hospital de elección: \_\_\_\_\_ teléfono: (\_\_\_\_\_) \_\_\_\_\_

Dirección: \_\_\_\_\_

Yo, el abajo firmante, autorizo a los funcionarios del Departamento de Educación Religiosa de San Bonifacio a contactar directamente a la persona nombrada en este formulario y autorizo al médico nombrado o a su representante a prestar el tratamiento que se considere necesario en caso de emergencia, para el la salud de dicho estudiante. En caso de que los médicos u otras personas enumeradas en este formulario no puedan ser contactados, se autoriza a los funcionarios del Departamento de Educación Religiosa a tomar las medidas que consideren necesarias a su juicio para la salud del estudiante mencionado. No responsabilizaré financieramente a St. Boniface Catholic Church por la atención de emergencia y / o el transporte de dichos estudiantes.

Firma del padre o acudiente: \_\_\_\_\_

Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

Yo, como padre o representante legal , y mi hijo o representado, estamos de acuerdo con las reglas y regulaciones del departamento de Educación religiosa de San Bonifacio.

**Tuition and Fees (per year):**

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First Communion Fee: \_\_\_\_\_ \$55  
Confirmation Fee: \_\_\_\_\_ \$65  
Bible Fee: \$30 \_\_\_\_\_ (3rd grado en adelante)

**For office use only**

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Tuition:\$ \_\_\_\_\_ Amount Paid :\$ \_\_\_\_\_  
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Check#: \_\_\_\_\_ Cash: (Receipt #) \_\_\_\_\_