



St. Columbkille Parish School of Religion

6740 Broadview Road

Parma, OH 44134

Re-Registration Form

2018-2019

Returning Children

Child's Name _____ Grade _____
(2018-19)

Child's Name _____ Grade _____
(2018-19)

Child's Name _____ Grade _____
(2018-19)

Child's Name _____ Grade _____
(2018-19)

Address _____

City and Zip _____

Home Phone _____

Email _____

(We communicate primarily by email. Please provide an accurate email address and check it often.)

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Child(ren) live with:

____ Mother & Father

____ Mother Alone

____ Father Alone

____ Mother & Step/Adoptive Father

____ Father & Step/Adoptive Mother

____ Adoptive Parents

____ Other (Please Explain) _____

Office use only:

CASH _____ Check # _____

Date _____

Amount _____