

Parent Education Program Registration Form

St. Bede the Venerable – Fall 2011 - 2012

Student Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Family email: _____ M _____ F

Child(ren) Name(s) _____ Birthdate(s) _____

Class Day: (Circle One)

Tuesday AM 9:00 – 11:30am (3 & 4 year olds)

Wednesday AM 9:00 – 11:30am (multi-age/birth-pre-K)

Thursday AM 9:00 – 11:30am (multi-age/birth-pre-K)

Tuesday PM 12:30 – 2:30pm (Kinder Prep – Entering Kindergarten in Sept 2012 or currently in Kindergarten)

Are there any special circumstances for this child(ren) of which we need to be aware? _____ Yes _____ No

If yes, please explain: _____

Special Needs: _____

Are you registered at St. Bede Parish? _____ Yes _____ No Envelope #: _____

Are you new to our program? _____ Yes _____ No

Have you been in a program at another parish? _____ Yes _____ No Name of program: _____

In case of emergency, please contact: (Name) _____

Phone #: _____ Relationship to Student: _____

FEES

Tuition is \$295 for **each** Session (Fall and Spring)

Please make payment payable to:

St. Bede Parent Ed

For Office Use Only	
Date Received _____	By _____
Tuesday _____	Wednesday _____
Thursday _____	Amount _____
Cash _____	Check #: _____

Mail or drop off completed form and payment to:

St. Bede Parent Ed – Attention Jo Ann Gantus

215 Foothill Blvd., La Cañada, CA 91011

Any questions, feel free to email: parented@bede.org

St. Bede ~ A Catholic Community ~ Here to Worship, Called To Serve