

**Tuition**  
**grades 2 & 8 = \$250**  
**All other grades = \$200**

**St. Agnes Parish**  
**Religious Education Registration**  
 247 Stanwich Road, Greenwich, CT 06830

**email address:**  
**stagnesinfo@gmail.com**

Family Last Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mom/Dad Work/Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Custodial Parent, if different from above \_\_\_\_\_

Email: \_\_\_\_\_

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

Both Parents Catholic? Y \_\_\_ N \_\_\_

| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|
|       |           |     |       |         |      |       |

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

| Child | Birthdate | Sex | Grade | Session | Room | Class |
|-------|-----------|-----|-------|---------|------|-------|
|       |           |     |       |         |      |       |

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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_