

**REGISTRATION REQUIREMENTS:**

- ▶ Parish Registration is a prerequisite for enrollment.
- ▶ Registration form ***MUST*** be accompanied by an Emergency Care Form for each student, payment and a copy of a student's Baptism Certificate (unless a copy is already on file in the Religious Education Office).
- ▶ Does your child have any special needs, including food allergies? \_\_\_\_ Yes \_\_\_\_ No If yes, please write child's name and details on the back of this form.

**2018-2019**

**STUDENT REGISTRATION  
RELIGIOUS EDUCATION PROGRAM  
CHURCH OF THE NATIVITY**

6400 Nativity Lane ♦ Burke, Virginia 22015  
Phone 703.455.0372 ♦ Fax 703.455.6832  
Email nativity.ccd@nativityschool.org  
[www.nativityburke.org/nativityccd](http://www.nativityburke.org/nativityccd)

**FOR OFFICE USE ONLY** Data Base

Reg Date: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Family Code: \_\_\_\_\_

Fee Due: \_\_\_\_\_ Teacher: YES NO

Amt Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Check Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_

**PLEASE CIRCLE BELOW WHO THE STUDENT(S) LIVES WITH**  
BOTH PARENTS MOTHER FATHER GUARDIAN

**FAMILY LAST NAME:** \_\_\_\_\_ **PRIMARY PHONE #:** (\_\_\_\_) \_\_\_\_\_ **EMAIL ADDRESS(ES):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**FATHER/GUARDIAN:** \_\_\_\_\_ **MOTHER:** \_\_\_\_\_ **MOTHER'S MAIDEN NAME:** \_\_\_\_\_

**MOTHER'S CELL #:** (\_\_\_\_) \_\_\_\_\_ **MOTHER'S WORK #:** (\_\_\_\_) \_\_\_\_\_ **FATHER'S CELL #:** (\_\_\_\_) \_\_\_\_\_ **FATHER'S WORK #:** (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_ **PHONE #:** (\_\_\_\_) \_\_\_\_\_

NAME OF STUDENT(S) LAST NAME FIRST NAME MIDDLE INITIAL (NICKNAME)				CIRCLE SEX	DATE OF BIRTH			2018- 2019 SCHOOL GRADE	SESSION NUMBER (see Table in lower left corner and circle session number below)  <u>FIRST CHOICE</u>	R O O M #	SESSION NUMBER (see Table in lower left corner and circle session number below)  <u>SECOND CHOICE</u>	R O O M #	SACRAMENTS? WRITE: YES or NO			
					MM	DD	YY						B A P T I S M	F I R M S T A N T C E	F O R M S T U N I O N	C O N F I R M E D
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					
				M F					1 2 3 4 5 6 7		1 2 3 4 5 6 7					

**SESSION CLASS SCHEDULE**

SESSION NUMBER	DAY	TIME	GRADE
1	SUNDAY	2:00 – 3:15PM	K – 8
2	SUNDAY	3:45 – 5:00PM	K – 8
3	SUNDAY	7:00 – 8:15PM	K – 8
4	MONDAY	4:30 – 5:45PM	K – 8
5	MONDAY	7:00 – 8:15PM	K – 8
5	MONDAY	7:00 – 8:15PM	4 – 12 Multiple Sacrament Class
6	TUESDAY	4:30 – 5:45PM	K – 8
7	TUESDAY	7:00 – 8:15PM	K – 8
7	TUESDAY	7:00 – 8:15PM	9 – 12 Need ONLY Sacrament of Confirmation

**Grade 2:** Parish/city & state student attended 1st grade Rel. Ed. class: \_\_\_\_\_

**Grade 8:** Parish/city & state student attended 7th grade Rel. Ed. class: \_\_\_\_\_

**If not at Church of the Nativity, previous attendance record and evaluation *must* be provided prior to class placement.**

**Early Bird Discount ON REGISTRATIONS RECEIVED *PRIOR* to August 1:**

1 CHILD = \$110      2 CHILDREN = \$130      3 or MORE CHILDREN = \$150

**REGULAR TUITION *EFFECTIVE* August 1:**

1 CHILD = \$140      2 CHILDREN = \$160      3 or MORE CHILDREN = \$180

PLEASE MAKE CHECKS PAYABLE TO: NATIVITY RELIGIOUS EDUCATION

*Additional 50% discount for classroom volunteers for a full school year of service.*

YOU WILL BE NOTIFIED ONLY IF YOUR FIRST CHOICE CANNOT BE HONORED.  
Please notify the Religious Education Office of changes to phone number(s), email and/or home addresses.

Below this statement write student's first name and describe special needs and accommodations; please include food / medication allergies and/or physical / intellectual disabilities. Also, include medications taken on a regular basis: