

Church of the Resurrection

115 Pond Hill Road, Wallingford CT 06492 (203) 265-1694

Registration Form 2023/2024 Grades 1 - 8

Parent #1		Cell #:			
First	Last				
Email:	Relationship to Child:				
Address:					
Street		City	Zip Code		
Parent #2		Cell #:			
First	Last				
Email:		Relationship to Child:			
Address:					
	Street	City	Zip Code		
	<u>Tuiti</u>	on Rates			
Non-Pa	shioners: 1 child - \$75.00, 2 children shioners: 1 child - \$100.00, 2 child second Grade & Confirmation Grade	ildren - \$150.00, 3 or more childr	ren - \$175.00		
Emergency Contact: N	Name:	Phone:			
* Allow pictures/video	e Church of the Resurrection for the s of my child to be used on the chur rticipate in the VIRTUS Training p	ch website and/or for other promo			
Parent Signature		Contact Informat Joseph R. Tatta, D (203) 265-169- josephtatta@yahoo	Director 4		
For Office Use Only:					
Tuition: Cas	sh: Check #:	Date Received:			

STUDENT #1 INFORMATION

Name:			Date of Birth:	_ Entering Grade:	
Other Important Info	ormatio	n & Speci	al Needs: (medications, allergies, family situa	tions, etc.)	
Date & Church of Ba	aptism:_				
In-person learning:	yes	no	Homeschool Learning:	yes no	
		ST	ΓUDENT #2 INFORMATION		
Name:			Date of Birth:	_ Entering Grade:	
Other Important Info	ormatio	n & Speci	al Needs: (medications, allergies, family situa	tions, etc.)	
Date & Church of Ba	aptism:_				
In-person learning:	yes	no	Homeschool Learning:	yes no	
				Date of Birth: Entering Grade: s: (medications, allergies, family situations, etc.)	
Date & Church of Ba	aptism:				
In-person learning:	yes	no	Homeschool Learning:	yes no	
		S	ΓUDENT #4 INFORMATION		
Name:			Date of Birth:	_ Entering Grade:	
Other Important Info	ormatio	n & Speci	al Needs: (medications, allergies, family situa	tions, etc.)	
Date & Church of Ba	aptism:_				
In-person learning:	ves	no	Homeschool Learning:	ves no	