



CHURCH OF THE RESURRECTION

115 Pond Hill Road, Wallingford CT 06492

STUDENT REGISTRATION FORM

2024 - 2025

Tuition Rates *Tuition covers the cost of the student materials, program supplies, sacramental fee, & retreat fee*

1 child - \$100.00 2 children - \$150.00

Student Information

Last Name: _____ First Name: _____ MI: _____ M: _____ F: _____
Address: _____ Town: _____ Zip: _____ Grade: 9
Birthplace: _____ Birthdate: _____ Phone #: _____

Sacrament of Baptism: _____
Church Name City/town State Date

**New students to our program will need to get a copy of their Baptismal Certificate from the church of Baptism.* _____

First Holy Communion: _____
Church Name City/town State Date

Other important information & special needs: (medications, allergies, family situation, etc.) _____

Parent Information

Father's First Name: _____ Last Name: _____ Contact #: _____
Email Address: _____
Mother's First Name: _____ Last Name: _____ Contact #: _____
Maiden Name: _____ Email Address: _____

Emergency Contact other than a Parent:

Name: _____ Relationship: _____ Phone: _____

I, _____ give permission to the Church of the Resurrection for the following:

- Allow pictures/videos of my child to be used on the church website and/or for other promotional areas
- Allow my child to participate in the VIRTUS Training program www.virtusonline.org/virtus/virtus_description.cfm

Parent Signature

Contact Information

Joseph R. Tatta, Director
(203) 265-1694 josephatta@yahoo.com

For Office Use Only:

Tuition: Cash: _____ Check #: _____ Date Received: _____