Saint Timothy School of Religion
225 King Philip Drive
West Hartford CT 06117

Registration for GRADE 10 CONFIRMATION Classes

(registration MUST be completed by **June 30, 2009**)

Fee - $50.00 please make checks payable to: ***St Timothy School of Religion***
and mail to: St Timothy School of Religion
attn: Bobbi Moran
225 King Philip Drive
West Hartford CT 06117

Please enter the grade your child will be in during the **2009-2010** school year_____

Child's Name: _____
last first middle

Home Address: _____
street city state zip

phones: _____
home Mother's cell Father's cell

Mother's name: _____
last first maiden

Father's name: _____
last first

emergency contact: _____
name: last first

address: _____
street city state zip

phone: _____
home cell

_____
Mother's email address: (PLEASE WRITE IN CAPS ONLY)

_____
Father's email address: (PLEASE WRITE IN CAPS ONLY)

_____
Student's email address: (PLEASE WRITE IN CAPS ONLY)

THIS YEAR WE ARE ASKING ALL FAMILIES TO GET INVOLVED WITH THE CLASSES AS A PART OF OUR PROGRAM DEVELOPMENT

If you would be willing to teach a class, please check here ☐
If you would be willing to substitute teach a class, please check here ☐
How many classes are you available to 'sit in' on this year?__
Please provide an estimate as to when you would be available to join a class:
_____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

paid: _____

check #: _____

baptismal information: _____