



St. Clare of Assisi Catholic Mission

First Communion Retreat Registration 2017-18

STUDENT NAME:

_____ / _____
(Last) (First)

Parent's Names

Date of Birth _____ / _____ / _____ Grade Level:
(Mo) (Day) (Year)

ADDRESS:

_____ (Street)

_____ (City) _____ GA (Zip code)

Email Address:

Phone Number:

Emergency Contact:

Emergency Contact Phone Number:

Medical/Dietary Needs:

2nd grade Retreat Cost: \$20.00 check number _____ cash _____ Amount paid _____

Money pays for lunch and supplies