

Church of the Resurrection

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

Registration Form 2024/2025

Grades 1 - 8

Parent #1	Last (maiden)	Cell #:		
Email:		Relationship to Child:	elationship to Child:	
Address:				
Stro	eet	City	Zip Code	
Parent #2	Last (maiden)	Cell #:		
	Eust (muuch)			
Address:	eet	City	Zip Code	
1 c	hild - \$75.00, 2 children - \$120. ** Second Grade additional S		.00	
Emergency Contact: Name:		Phone:		
* Allow pictures/videos of m	arch of the Resurrection for the force of the Resurrection for the force of the church ate in the VIRTUS Training pro	website and/or for other prom		
Parent Signature		Contact Inform Joseph R. Tatta, I (203) 265-169- josephtatta@yaho	Oirector 4	
For Office Use Only:				
Tuition: Cash:	Check #:	Date Received:		

STUDENT #1 INFORMATION

Name:			Date of Birth:	Entering Grade:	
Other Important Info	ormatio	on & Specia	l Needs: (medications, allergies, family situa	tions, etc.)	
Date & church of Ba	ptism:_				
In-person learning:	yes	no	Homeschool Learning:	yes	no
		STU	DENT #2 INFORMATION		
Name:	Name:		Date of Birth:	Entering Grade:	
Other Important Info	ormatio	on & Specia	l Needs: (medications, allergies, family situa	tions, etc.)	
Date & church of Ba	ptism:_				
In-person learning:	yes	no	Homeschool Learning:	yes	no
			Date of Birth: Needs: (medications, allergies, family situa	J	rade:
In-person learning:	yes	no	Homeschool Learning:	yes	no
		STU	DENT #4 INFORMATION		
Name:			Date of Birth:	_ Entering Grade: _	
Other Important Info	ormatio	on & Specia	l Needs: (medications, allergies, family situa	tions, etc.)	
Date & church of Ba	ptism:_				
In-person learning:	ves	no	Homeschool Learning:	ves	no