

St. Mary's Parish Religious Education Registration 508-429-6076  
**2023-2024 FAMILY REGISTRATION FORM (SIDE 1)**  
 ~ COMPLETE BOTH SIDES ~

**REGISTRATION DEADLINE: JUNE 30, 2023 [st.marysre1870@gmail.com](mailto:st.marysre1870@gmail.com)**

FAMILY NAME: \_\_\_\_\_ FAMILY PHONE: \_\_\_\_\_  
Print clearly Print clearly

ADDRESS: \_\_\_\_\_  
Print clearly

E-MAIL ADDRESS: \_\_\_\_\_  
Print clearly

**PARENTS OF CHILDREN ENTERING FIRST GRADE OR NEW TO THE PARISH MUST SUBMIT A COPY OF THEIR CHILD'S BAPTISMAL CERTIFICATE.** Please complete all sections below: Select class session A, B, C, D, E, or F. REFER TO THE CLASS SCHEDULE ENCLOSED TO SELECT CLASS SESSIONS.

<u>Child's First and Last Name</u>	<i>Gender</i>	<u>Date of Birth</u>	<u>Grade</u>	<u>Session</u>	<u>Class</u>	<u>First Comm.</u>
	<i>M/F</i>	<i>MM/DD/YY</i>	<i>2023</i>	<i>DAY</i>	<i>TIME</i>	<i>Baptized/Date/Town/State</i>
1.						
2.						
3.						
4.						
5.						

**Please list below your children who are currently attending a Catholic or a Private School**

Name	Grade	School

**TUITION WORK SHEET: DO NOT DELAY REGISTERING YOUR CHILD/REN DUE TO FINANCIAL NEEDS.**

1. Number of children in Pre K and Kindergarten only: \_\_\_\_\_ X \$ 50.00 = \$ \_\_\_\_\_ **Total of lines 1 and 2 not to exceed \$350.00.**

2. Number of children in **GRADE 1 - 10:** \_\_\_\_\_ X \$ 125.00 = \$ \_\_\_\_\_

**3. SACRAMENTAL FEES IN ADDITION TO THE TUITION FOR GRADES 2, 9 and 10:**

Number of Children in Grade 2 \_\_\_\_\_ X \$ 50.00 = \$ \_\_\_\_\_

Number of Children in Grade 9 or 10: \_\_\_\_\_ X \$ 75.00 = \$ \_\_\_\_\_

4. Add \$ 50.00 **Late Fee per family AFTER JUNE 30, 2023** \$ 50.00 = \$ \_\_\_\_\_  
\*Unless you are a new family, the late fee is required.

5. **Total RE tuition and fees** (the sum of lines 1, 2, 3 and 4) **PAY THIS AMOUNT = \$ \_\_\_\_\_**

\*\* Check if you need a **Scholarship Form**. [  ] OR a **Payment Plan Form** [  ]

Return this form with your check, payable to "St. Mary's Parish." Mail or drop off to: St. Mary's Religious Ed Office, 8 Church Street, Holliston, MA 01746. See the cover letter for payment options. Call the office at 508-429-6076 with any questions.  
**REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT OR NOTICE OF FINANCIAL AID.**

**PARENT / GUARDIAN PERMISSION:** Occasionally we take photographs of the children engaged in classroom activities and during field trips or assemblies. These pictures are often posted in the weekly bulletin, parish newsletter or in the parish center. We need to have a record of your approval on file.  
**DO WE HAVE YOUR PERMISSION TO INCLUDE YOUR CHILD IN PICTURES?** YES [  ] NO [  ]

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE SIDE 2**

# REQUIRED INFORMATION ~ 2023-2024

(SIDE 2)

Please complete all sections of this side of the form.

If your information has not changed since last year, write "SAME" over each section.

If you are new to St. Mary's Parish, PLEASE complete the section below.

Please print:

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

(If different from above)

Date of Birth: \_\_\_\_\_ Please Check: Baptism [ ] 1<sup>st</sup> Communion [ ] Confirmation [ ] Marriage [ ]

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

(If different from above)

Date of Birth: \_\_\_\_\_ Please Check: Baptism [ ] 1<sup>st</sup> Communion [ ] Confirmation [ ] Marriage [ ]

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

You're Maiden Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

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**IMPORTANT:** Please provide an **EMERGENCY CONTACT** person in case you cannot be reached: **THE CONTACT PERSON CANNOT BE A PARENT.** (NAME OTHER THAN PARENTS):

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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**A Copy of the original Baptismal Certificate is required if your child was not Baptized here at St. Mary's Parish. Please indicate the date of Baptism, church, city, and state:** \_\_\_\_\_

- If your child has special learning needs please explain below: (ADD) \_\_\_(ADHD) \_\_\_ (Autistic) \_\_\_ Other \_\_\_
- Please provide suggestions that would help our teachers meet your child's needs in the classroom:
- Does your child have **FOOD ALLERGIES**? YES [ ] NO [ ] Please explain:
- Are you presently registered with St. Mary's Parish? (This is separate from the RE Program) YES [ ] NO [ ]
- If registered, do you now receive weekly offertory envelopes? YES [ ] NO [ ]
- If you are **not registered** with St. Mary's what parish are you registered with?  
Parish: \_\_\_\_\_ Town: \_\_\_\_\_
- Are you interested in registering with our parish: YES [ ] NO [ ]

**VOLUNTEER OPPORTUNITIES: *We need you!*** The success of our program depends on many helping hands! If you can volunteer, please complete the **Green Volunteer Form** and return it along with your Registration Form. **Contact us by phone at 508-429-6076 or by email at [st.marvsre1870@gmail.com](mailto:st.marvsre1870@gmail.com).**

*Thank you for registering your child (ren) with St. Mary's Religious Education Program*