St. Mary's Parish Religious Education Registration 508-429-6076

2019-2020 FAMILY REGISTRATION FORM – COMPLETE BOTH SIDES REGISTRATION DEADLINE: JUNE 14, 2019. st.marysre1870@gmail.com

FAMILY NAME:			FA	AMILY P	HONE:				
	•					Print cle	arly		
ADDRESS:	Print clearly								
E-MAIL ADDRESS: _									
	Print clearly								
PARENTS OF CHILD' OF THEIR CHILD' C, D, E or F. REFE	S BAPTISMAL CI	ERTIFICAT	E. Please fill	and cor	nplete a	ll sections below	v: Select Ses	ssion A, B,	
Child's First and L		<u>Date of Birth</u> M/F M/DD	<u>Grade</u> <u>Sessi</u> DYY 2019			Baptized/Date	First Co	omm. Yes/No	
1.	<u>isi 14ume</u>		2017		TIME	виригеи/Вител	10wii/siate	163/110	
2.									
3.									
4.									
5.									
	DI 11 4 1 1	1 *1 1/	1	41 44	1.				
N ₂	Please list below you	Grade	wno are curre	ntly atte	nding a	School			
116		Grade		SCHOOL					
 Number of children in Number of children in SACRAMENTAL I 		X \$ 50.00 = \$				1, 2 and 3 not to exceed \$350.00 ** Plus sacramental and late fees listed			
Number of Chil	dren in Grade 2			X \$ 50.	00 = \$	}	belo	ow:	
Number of Chil	:				<u> </u>	_			
Ž	w family, the late fee	is required.	ne 15, 2019	\$ 50.			_		
5. Total RE tuition an	u iees (the sum of line	es 1, 2, 3and 4			PAY	THIS AMOUNT	= \$		
** Check if you need a	Scholarship Form. [] OR a <u>Pay</u>	ment Plan Fo	<u>rm</u> []					
Return this form with y Holliston, MA 01746. REGISTRATIONS	See the cover letter f	or payment of	ptions. Call th	e office a	it 508-42	9-6076 with any	questions.		
PARENT / GUAR classroom activities parish newsletter or DO WE HAVE YOU	and during field to in the parish center	rips or assemer. We need	nblies. Thes to have a re	e pictur cord of	es are c your ap	often posted in oproval on file.	the weekly		

Your signature: _______ Date: _______2019

PLEASE COMPLETE SIDE 2

REQUIRED INFORMATION ~ 2019-2020

(SIDE 2)

Please complete <u>all sections</u> of this side of the form.

If your information <u>has not changed</u> since last year write "SAME" over each section. If you are new to St. Mary's Parish PLEASE complete the section below.

T (1 9 N)	
Fatner's Name:	Religion:
Address:	City/Town:
(If different from above)	
Date of Birth:	Please Check: Baptism [] 1 st Communion [] Confirmation [] Marriage []
Work Phone:	Cell Phone:
E-mail Address:	Occupation:
Mother's Name:	Religion:
	City/Town:
(If different from above)	
Date of Birth:	Please Check: Baptism [] 1 st Communion [] Confirmation [] Marriage []
	Cell Phone:
You're Maiden Name:	
E-Mail Address:	Occupation:
	G II
Emergency Contact Phone:	Cell:
	al Certificate is required if the child was not Baptized here at St. Mary's Parish. sm, church, city, and state:
If your child has special l	earning needs please explain below:(ADD)(ADHD) (Autistic)Other
	earning needs please explain below:(ADD)(ADHD)(Autistic)Other s that would help our teachers meet your child's needs in the classroom:
Please provide suggestion	

<u>VOLUNTEER OPPORTUNITIES</u>: *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 <u>st.marysre1870@gmail.com</u>**

File Revised: 04-11-2019