



**ST BERNADETTE PARISH COMMUNITY
OFFICE OF RELIGIOUS EDUCATION
266 MAIN ST. NORTHBORO, MA 01532
508-393-7445/FAX 508-393-2718**

RELIGIOUS EDUCATION REGISTRATION FORM

Please complete all information below and return to: 'ATTN: Religious Education Office'

Family Name: _____ Address _____ City & Zip _____

Current Email Address: _____

CURRENT CONTACT NUMBERS

Home Phone: _____

Cell: (mother) _____

Cell: (father) _____

Work (mother) _____

Work (father) _____

EMERGENCY INFORMATION : *Alternate Emergency Contact*

Person & number to be used if the parent/guardian can't be reached:

NAME & PHONE _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____
First & Last

Father's Religion: _____

Mother's Maiden Name: _____
First & Last (Maiden Name)

Mother's Religion: _____
~ or ~

Guardian's Name: _____
First & Last

Guardian's Religion: _____

1st Child

Name: _____ Date of Birth: _____ School/Grade as of Sept 2016: _____

Baptism Date: _____ Baptism Church:/Location: _____

First Communion Date: _____ First Communion Church/Location: _____

Celebrated First Reconciliation: ___ YES ___ NO

MEDICAL /ALLERGY CONCERNS : ___ YES ___ NO (if yes, Please Explain) _____

Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain _____

Special Talents or gifts your child may be willing to share (sing, play instrument, reads well etc.) _____

2nd ChildName: _____ Date of Birth: _____ **School/Grade as of Sept 2016:** _____

Baptism Date: _____ Baptism Church:/Location: _____

First Communion Date: _____ First Communion Church/Location: _____

Celebrated First Reconciliation: ___ YES ___ NO MEDICAL /ALLERGY CONCERNS : ___ YES ___ NO (If yes, please explain) _____

Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain _____

Special Talents or gifts your child may be willing to share (sing, play instrument, reads well etc.) _____

3rd Child

Name: _____

Date of Birth: _____ **School/Grade Sept 2016:** _____

Baptism Date: _____ Baptism Church:/Location: _____

1ST Comm Date: _____ 1ST Comm Church/Location: _____

Celebrated First Reconciliation: ___ YES ___ NO
MEDICAL /ALLERGY CONCERNS : YES or NO (If yes, please explain) _____*Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain* _____

Special talents or gifts your child may be willing to share (sing, play instrument, reads well etc.) _____

4th Child

Name: _____

Date of Birth: _____ **School/Grade Sept 2016:** _____

Baptism Date: _____ Baptism Church:/Location: _____

1ST Comm Date: _____ 1ST Comm Church/Location: _____

Celebrated First Reconciliation: ___ YES ___ NO
MEDICAL /ALLERGY CONCERNS : YES or NO (If yes, please explain) _____*Please indicate if your child has specific physical, social or learning needs, (ie. does your child have an education plan) please explain* _____

Special talents or gifts your child may be willing to share (sing, play instrument, reads well etc.) _____

The registration fees are as follows:

Registration fee	\$70 per student
Family Maximum	\$180 per family

No child will be denied religious education due to financial reasons. Please contact the religious education office for scholarship information @ 508-393-7445. All information will be kept confidential.