



**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
FOR THE 2018- 2019 SCHOOL YEAR**

Please complete all information below and return with payment to the Religious Education Office

Family Name: _____ Address _____ City & Zip _____

Current Email Address: _____

Your current email address is important as we will communicate mainly by email to our religious education families, please notify us if it changes during the school year.

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 _____

Relationship _____

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 2018: _____

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 2018:** _____

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 2018:** _____

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 2018:** _____

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 (PK-Grade 10) \$80 per student Family Maximum \$225 per family

Confirmation Fee (Grade 11) \$150 per student (Please note: this is a separate registration fee and is not included towards the family maximum.)

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.

FOR OFFICE USE Date Paid _____ Check Number _____ Cash _____