



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 2008-2009

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 _____

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 2008: _____

Baptism Date: _____ Baptism Church:/Location: _____

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

Celebrated First Reconciliation: YES or 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.) _____

Name: _____ Date of Birth: _____ School/Grade as of Sept 2008: _____

Baptism Date: _____ Baptism Church:/Location: _____

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

Celebrated First Reconciliation: YES or 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.) _____

3RD Child

Name: _____

Date of Birth: _____ School/Grade Sept 08: _____

Baptism Date: _____ Baptism Church:/Location: _____

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

Celebrated First Reconciliation: YES or 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 08: _____

Baptism Date: _____ Baptism Church:/Location: _____

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

Celebrated First Reconciliation: YES or 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:

Paid at time of registration \$50 per student

Family Maximum \$150 per family

Students registered after June 30th \$25 per family Late Fee

New families registered in the \$50 per student

parish after June 30th

Family Maximum \$150 per family

Any family in financial need should contact the religious education office for scholarship information @ 508-393-7445

FOR OFFICE USE Date Paid _____ Check Number _____ Cash _____