



**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 2011- 2012

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 2011: _____

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.) _____

2ND Child

Name: _____ Date of Birth: _____ **School/Grade as of Sept 2011:** _____

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 2011:** _____

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 2011:** _____

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:

- | | | | |
|-------------------------------|------------------|--------------------------------|------------------|
| Registration fee | \$60 per student | | |
| Paid before July 15th | \$50 per student | New families registered in the | \$50 per student |
| Family Maximum | \$180 per family | parish after July 15th | |
| Family Maximum before July 15 | \$150 per family | Family Maximum | \$150 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.

FOR OFFICE USE Date Paid _____ Check Number _____ Cash _____



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