

# Saint Mary of the Assumption Parish - Saint Ann Church

2017/2018 Religious Education Program Grades 1 - 8

To enroll your child/children in the religious education program, **please complete this form and return with payment** to St. Mary of the Assumption Parish, Religious Education Office, 208 Samoset Ave., Hull, MA 02045. Forms may be mailed or dropped off at the religious education office. A mail slot is available for after office hour drop-offs.

CHECK ONE:  **New** to program (please complete back of form)  Re-enrollment (complete front only)

## PARENT/GUARDIAN INFORMATION

### Mother/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

### Father/Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

*\*REQUIRED: In an effort to be green, communications will be sent electronically.*

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_

## STUDENT INFORMATION

Please list only the children you will be registering into the Grades 1- 8 religious ed. program

<u>Last Name</u>	<u>First Name</u>	<u>Grade</u>	<u>School Attending</u>	<u>Photographed (Y/N)<sup>1</sup></u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

<sup>1</sup>Photographs may be taken of students during the religious education year. I give permission for my child(ren) to be photographed by church staff. I understand photos may be posted on the parish's website, weekly bulletin, Facebook page, church's gathering space, or in the local newspaper.

## TUITION INFORMATION

Registration Received **After Aug. 31<sup>st</sup>**:  1 child \$90  2 children \$140  3 children \$ 175  4 children \$200

Registration Received **Before Aug. 31<sup>st</sup>**:  1 child \$80  2 children \$120  3 children \$150  4 children \$175

Check/Cash Amount Enclosed: \_\_\_\_\_ **OR** Amount Paid Online Via WeShare: \_\_\_\_\_

\*\*\*To receive a tuition discount or waiver, please contact Cathy Bowes @ 781-925-5446.\*\*\*

**Volunteers are always needed.** If you would like to teach a class, please indicate the grade(s) you would like to teach.

Grade(s): \_\_\_\_\_

**STUDENT GENERAL/SACRAMENTAL INFORMATION:**

Please complete a section for each child new to the program or updated information.

1. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_ Photographed<sup>1</sup>: Yes No  
Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Previous Formal Religious Ed: # of yrs. \_\_\_\_\_ Parish: \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
Medical Issues (allergies, disabilities, etc.): \_\_\_\_\_  
\_\_\_\_\_

2. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_ Photographed<sup>1</sup>: Yes No  
Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Previous Formal Religious Ed: # of yrs. \_\_\_\_\_ Parish: \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
Medical Issues (allergies, disabilities, etc.): \_\_\_\_\_  
\_\_\_\_\_

3. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_ Photographed<sup>1</sup>: Yes No  
Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Previous Formal Religious Ed: # of yrs. \_\_\_\_\_ Parish: \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
Medical Issues (allergies, disabilities, etc.): \_\_\_\_\_  
\_\_\_\_\_

4. **Child's Name:** \_\_\_\_\_ Grade: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ DOB: \_\_\_\_\_ Photographed<sup>1</sup>: Yes No  
Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Penance: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date of 1<sup>st</sup> Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Previous Formal Religious Ed: # of yrs. \_\_\_\_\_ Parish: \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
Medical Issues (allergies, disabilities, etc.): \_\_\_\_\_  
\_\_\_\_\_

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