

Saint Mary of the Assumption Parish - Saint Ann Church

2018-2019 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)¹</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

¹Photographs 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

A completed registration form must accompany payment.

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

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

Amount Enclosed: Paid In Full \$ _____ Bill Monthly: \$ _____ (To Be Paid in full by 1-31-17)

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: _____ Photographed¹: Yes No
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st 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: _____ Photographed¹: Yes No
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st 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: _____ Photographed¹: Yes No
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st 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: _____ Photographed¹: Yes No
Date of Baptism: _____ Church: _____ City/State: _____
Date of 1st Penance: _____ Church: _____ City/State: _____
Date of 1st Eucharist: _____ Church: _____ City/State: _____
Previous Formal Religious Ed: # of yrs. _____ Parish: _____
Comments/Special Needs: _____

Medical Issues (allergies, disabilities, etc.): _____

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