

The Catholic Community of Somerset & Swansea

Religious Education Registration

386 Luther Ave., Somerset, MA 02726

2019 – 2020

Please circle your Home Parish: St. Patrick St. Louis de France St. Thomas More

Family Last Name: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Maiden Name: _____ Email: _____

Custodial Parent, if different from above: _____

Home Address: _____ Both Parents Catholic? Y __ N __

City/Town: _____ State: _____ Zip Code: _____

Emergency Contact (other than parents) & Phone #: _____

Student Name: _____ Birth Date: ____/____/____ Gender: M / F

School: _____ Grade: (in Sep 2019) _____

Student Name: _____ Birth Date: ____/____/____ Gender: M / F

School: _____ Grade: (in Sep 2019) _____

Student Name: _____ Birth Date: ____/____/____ Gender: M / F

School: _____ Grade: (in Sep 2019) _____

For all **NEW** and **GRADE ONE** students, please fill out the information below:

Has Your Child Received the Following Sacraments:

Baptism: Church: _____ Location _____ Date: _____

Reconciliation: Church: _____ Location _____ Date: _____

Holy Eucharist: Church: _____ Location _____ Date: _____

Please attach Baptismal Certificate if not baptized here at Sts. Patrick, Louis de France or Thomas More Parish

** If your child has any allergies/medical condition, list below. **

** If your child has any special needs, learning disabilities or physical disabilities, please inform the office. **

(This information is confidential)

Fees: 1 child \$50.00 _____ 2 children \$75.00 _____ 3 or more children \$95.00 _____

I would like to be of service in the Religious Education Program as a:

Teacher ____ Teacher's Aide ____ Substitute Teacher ____ Teen Assistant ____ Office Aide ____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

OFFICE USE ONLY:

Date Received _____

Payment Enclosed _____

Received By _____

Check Number _____

Cash ____