

**RELIGIOUS EDUCATION REGISTRATION 2018-2019**  
**ST. MARY'S PARISH**  
 114 Princeton Street Jefferson, MA 01522  
**Phone: 508-829-6758**

**FAMILY NAME:** \_\_\_\_\_  
**Is your Family Registered at St Mary's?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**FOR OFFICE USE: Date Received:** \_\_\_\_\_ **Reg. No.:** \_\_\_\_\_  
 Data Base: \_\_\_\_\_ Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_

**\*\*\* Please return completed form to the address above with your payment (fee discounted if received by May 15<sup>th</sup>). Thank You! \*\*\***

**Parent's/Guardian's Information (please print):**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

If different, please complete:  
 Address: \_\_\_\_\_  
 City/Town/Zip: \_\_\_\_\_

City/Town/Zip: \_\_\_\_\_

**List children from oldest to youngest. If your child(ren) attends Parochial School, please circle PS and write "will attend" if attending our program.**

Last Rel. Ed. Grade COMPLETED as of August 2018:		Child's Full Name:			DOB:	School Attending in 2018-2019	Grade	Father's Name:		Mother's Name:		
		First	Middle	Last				First	Last	First	Maiden	Last
Gr. _____	PS	1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Gr. _____	PS	2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Gr. _____	PS	3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Gr. _____	PS	4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Gr. _____	PS	5.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Are you registering any child for the first time? No / Yes **If Yes, a copy of your child's Baptismal Certificate must be received by September 1st.**

**CLASS DAY PREFERENCE:** (Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice) **GRADES 1-5:** 4:15-5:15 PM MONDAY \_\_\_\_\_ or TUESDAY \_\_\_\_\_ or WEDNESDAY \_\_\_\_\_  
**GRADES 6-7-8:** 4:00-6:00 PM SUNDAY \_\_\_\_\_ or 6:15-7:30 PM MONDAY \_\_\_\_\_ **HIGH SCHOOL (Grades 9-11):** 5:00-7:30 PM SUNDAY \_\_\_\_\_

**REGISTRATION FEE (after May 15<sup>th</sup>):** \$95.00 per child / \$250.00 max per family **Early Registration Fee (if received by May 15<sup>th</sup>):** \$85.00 per child / \$230.00 max per family

\***Additional Fees:** **Gr. 2 please add \$50** for First Reconciliation/First Eucharist Sacramental Prep Resources & Retreat. **Gr. 10 please add \$60** for Pre-Confirmation Prep & Retreat.

**Reg. Fees are due for Parochial School students when preparing for sacraments.** Please circle the amount(s) that makes up the total payment enclosed. Make checks payable to ST. MARY'S RELIGIOUS ED.

**2018-2019 Religious Education EMERGENCY NOTIFICATION INFORMATION:**

WHERE CAN YOU BE REACHED DURING CLASS TIME?

\_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

WHO CAN CARE FOR YOUR CHILD IF WE CAN'T REACH YOU?

\_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

CHILD'S PHYSICIAN: Name \_\_\_\_\_ Phone # \_\_\_\_\_

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**HOW CAN YOU HELP? Please try to find at least one way that you can assist. We can't run our program without you!**

**Volunteer's Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_ **E mail:** \_\_\_\_\_

\_\_\_\_\_ **TEACH A CLASS**      **GRADE** \_\_\_\_\_ **DAY** \_\_\_\_\_

\_\_\_\_\_ **SUBSTITUTE**      **GRADE** \_\_\_\_\_ **DAY** \_\_\_\_\_

\_\_\_\_\_ **SERVE AS A CLASSROOM AIDE FOR A CHILD WHO NEEDS ASSISTANCE**      **GRADE** \_\_\_\_\_ **DAY** \_\_\_\_\_

\_\_\_\_\_ **BE A GENERAL HELPER DURING YOUR CHILD'S CLASS TIME (Miscellaneous Tasks)**

\_\_\_\_\_ **BAKE (or provide snacks) for high school classes, meetings, retreats, events, etc.**

\_\_\_\_\_ **CHILD CARE**    **On Site for Teachers' Small Children During Class Time**      **DAY** \_\_\_\_\_

**On Site for Parents' Small Children During:**      **Evening Meetings ( Yes / No )**    **and/or**    **Weekend Retreats ( Yes / No )**

\_\_\_\_\_ **HELP SET UP or CLEAN UP FOR RETREATS AND EVENTS**

\_\_\_\_\_ **MAKE PHONE CALLS**      **DAY** \_\_\_\_\_ **TIME** \_\_\_\_\_

\_\_\_\_\_ **PROVIDE OFFICE/DAYTIME HELP**    **Mon Morning / Mon Afternoon / Tues Morning / Tues Afternoon / Wed Morning / Wed Afternoon / Other** \_\_\_\_\_

\_\_\_\_\_ **CHILDREN'S LITURGY OF THE WORD (Sunday Mornings During the 10:00 Mass)**

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**HOW CAN WE HELP YOU?**

**IS THERE ANY SPECIAL NEED (LEARNING, SOCIAL, ALLERGIES, HEALTH, ETC...?) THAT WE SHOULD BE AWARE OF, SO THAT WE CAN BEST SERVE YOUR CHILD (REN)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_