ST. DENIS CHURCH

RELIGIOUS EDUCATION REGISTRATION FORM

FOR OFFICE USE ONLY			
PAYMENT			
PD	DATE	AMT	CHK #

Father's Name____
(Address)

(______)__________ (______)__________ ________________ (______)__________
(Home Phone #) *(cell phone #)* *(Employer)* *(Work #)*
Catholic? Yes____ No____

____
(E-mail address) *If no, what religion:*_________________

Mother's Name____
(Address if different from above)

(______)__________ (______)__________ ________________ (______)__________
(Home Phone #) *(cell phone #)* *(Employer)* *(Work #)*
Catholic? Yes____ No____

____
(E-mail address) *If no, what religion:*_________________

Mother's Maiden Name_____________________________
(Name)
Catholic? Yes____ No____

Stepparent? _____________________________
Yes____ No____ *(Name or Names)* *If no, what religion:*_________________

Child resides with____
(Name) *(Address)* *(Phone)*

Mail should be addressed to___________________________________
(Name) *(Address)*

IN CASE OF EMERGENCY CONTACT_________________________________
****(If parents can't be reached)**** *(Name & relationship to child)* *(Phone)*

ROOM FOR UP TO FOUR STUDENTS ON BOTH SIDES – Grades 6-10 please check Class Night preference on back

STUDENT INFORMATION #1

1.____
Name of Student **Sex: M / F** **Grade Entering** **Birth Date** **Place of Birth**

Baptism *(date)* / **Church** *(city & state)* *Baptized in a Catholic Church? Yes____ No____ (If no, what religion?)*

Reconciliation *(date)* / **Church** *(city & state)* **First Eucharist** *(date)* / **Church** *(city & state)*

STUDENT INFORMATION #2

2.
Name of Student **Sex: M / F** **Grade Entering** **Birth Date** **Place of Birth**

Baptism *(date)* / **Church** *(city & state)* *Baptized in a Catholic Church? Yes____ No____ (If no, what religion?)*

Reconciliation *(date)* / **Church** *(city & state)* **First Eucharist** *(date)* / **Church** *(city & state)*

(OVER)

STUDENT INFORMATION #3

3._____

Name of Student **Sex: M / F** **Grade Entering** **Birth Date** **Place of Birth**

Baptism *(date)* / Church *(city & state* ***Baptized in a Catholic Church? Yes____ No____ (If no, what religion?)***

Reconciliation *(date)* / Church *(city & state)* **First Eucharist *(date)* / Church *(city & state)***

STUDENT INFORMATION #4

4._____

Name of Student **Sex: M / F** **Grade Entering** **Birth Date** **Place of Birth**

Baptism *(date)* / Church *(city & state)* ***Baptized in a Catholic Church? Yes____ No____ (If no, what religion?)***

Reconciliation *(date)* / Church *(city & state)* **First Eucharist *(date)* / Church *(city & state)***

Do any of the children who are enrolling have a physical or learning difficulty? Yes( ) No( )

If yes, please give the name of the child and how we can help._____

Does this child attend special education classes in public school? Yes( ) No( )

*****6TH, 7TH, 8TH, 9TH AND 10TH Grades*****

We prefer Sunday night _____ OR Monday night_____ classes.

*****(Cannot guarantee this)*****

******Students not baptized at St. Denis Church must supply an "Official" Church Baptismal Certificate with the raised seal if you haven't already.******

(Mail to St. Denis Church, 23 Manchaug St. Douglas, MA 01516)

Everyone has gifts and talents to share. Talk to your kids about this as well – many of them need community service hours or just want a way to feel they are needed and appreciated in the parish. Ask grandparents too! There are so many different ways you can help and the time you can give would be up to you. ***We understand that you many not always be available when we call.*** Thank you for considering helping out in our program by sharing some of your time with us.

REGISTRATION FEES

COST PER CHILD $35.00
COST FOR THREE PLUS CHILDREN: $90.00

Please **call me about: Teaching** _____
Substituting _____
Volunteering _____
Baking _____

PAYMENT INFORMATION: AMOUNT ENCLOSED:_____**(check** _____ **cash** _____**)**

Thank you. For questions call: 508 476-2002 or e-mail: karchambault@saintdenischurch.com
Kathy Archambault, Coordinator Religious Education