

ST. DENIS CHURCH RELIGIOUS EDUCATION REGISTRATION FORM

| FOR OFFICE USE ONLY | | | |
|---------------------|------|-----|-------|
| PAYMENT | | | |
| PD | DATE | AMT | CHK # |
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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 – Sign up students ages 4 & 5 for our optional PK & K program.
Grade 1 begins important preparation for First Communion in Grade 2. Grades 6-10 please see policy on back

STUDENT #1 INFORMATION

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 #2 INFORMATION

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 #3 INFORMATION

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)

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STUDENT #4 INFORMATION

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)

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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()

ATTENTION: NEW PROGRAM

*****7TH & 8TH Group Program and HS Year I & II Group Program*****

Grades 1 – 6 Sunday am (8:30 – 10:00), Grades 7 & 8 and HS Program: Sunday pm (6:00 – 8:00)

We can no longer accommodate special requests unless you have a special needs child.

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 \$50.00
COST FOR THREE PLUS CHILDREN: \$125.00

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

LATE REGISTRATION FEES

COST PER CHILD \$70.00
COST FOR THREE PLUS CHIDREN: \$150.00

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*