

Blessed Sacrament Parish

14 Elm St., Manchester, NH 03103

Religious Education Registration

TERM: 2016-2017

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell: _____

Mother's Name: _____

Mother's Cell: _____

Mother's Maiden Name: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

(Other than parent)

Home Address: _____

Emergency Phone: _____

City, State, Zip: _____

Relationship: _____

Is there anything we need to be aware of (for example, parents are divorced; please send correspondence to both parents. Include 2nd contact information or who to call first)? _____

STUDENT #1 INFORMATION

Child's First Name: _____

Last Name: _____

Gender: _____ Female _____ Male

Sacrament Details Check and Date all below

Birth Date: _____

Baptism: _____

Did you child attend Rel. Ed. Classes last year? _____ What Grade? _____

Reconciliation Prep: _____

Copy of Baptismal Record: _____ enclosed _____ on file

Eucharist: _____

School: _____ Current Grade: _____

Confirmation: _____

Special Needs/Medical Aids: If your child has any special needs, allergies or learning needs that the teacher should be aware of, or if he/she needs an epi-pen or other medical equipment on hand, please speak the Coordinator of Religious Education. Please describe your child's special need/medical concern: _____

STUDENT #2 INFORMATION

Child's First Name: _____

Last Name: _____

Gender: _____ Female _____ Male

Sacrament Details Check and Date all below

Birth Date: _____

Baptism: _____

Did you child attend Rel. Ed. Classes last year? _____ What Grade? _____

Reconciliation Prep: _____

Copy of Baptismal Record: _____ enclosed _____ on file

Eucharist: _____

School: _____ Current Grade: _____

Confirmation: _____

Special Needs/Medical Aids: If your child has any special needs, allergies or learning needs that the teacher should be aware of, or if he/she needs an epi-pen or other medical equipment on hand, please speak the Coordinator of Religious Education. Please describe your child's special need/medical concern: _____

Any other information you think the teachers/staff should be aware of regarding your child?

Photograph Permission

Photographs are sometimes taken during faith formation sessions and events. They are displayed publicly; e.g., parish website, in the newspaper, in a brochure, on bulletin boards, etc. And used to keep the community aware and informed of parish events and activities. If you do not want images taken and used as described, please send a written notice to that effect to the parish Coordinator of Religious Education.

Parent's Acknowledgement

My signature below indicates that to the best of my knowledge, the information on this form is accurate and true. It also indicates that I have received a copy of Fr. John's letter and the school year calendar.

Parent's signature and date

Tuition Fees

1 Student - \$20.00

2 Students - \$30.00

3 Students or more - \$35.00

(The fee covers the child's workbook and supplies.)

No child is ever denied religious education because of limited resources. Scholarships are available. Please call the Parish Office and speak with Lisa.

Office Use Only:

Amount Due: _____

Amount Received: _____

Cash: _____

Check/Check #: _____

Scholarship: _____