

RELIGIOUS ED. REGISTRATION for Grade 1-10 CCD, Special Needs CCD & Confirmation

St. Mary's Parish Religious Education ~ 158 Washington St. ~ Winchester, MA 01890 ~ 781-729-1965

PLEASE fill in ALL information for the children you are registering

LAST NAME of your family: _____ Dad's 1st Name: _____

Mom's 1st Name: _____ Mom's MAIDEN Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In an emergency, if I cannot be reached at home or on my cell then contact: _____

We are moving towards using E-Mail for more timely notices, won't you please share yours with us!!

E-MAIL ADDRESS: Please PRINT! 😊 _____

FIRST CHILD

Last Name _____

First Name _____

DOB _____

Sex _____

School _____

Grade as of September 2011 _____

Comments, Allergies, Special needs _____

SECOND CHILD

Last Name _____

First Name _____

DOB _____

Sex _____

School _____

Grade as of September 2011 _____

Comments, Allergies, Special needs _____

PLEASE CHECK DAY & TIME!!

GRADES 1-5:

Check Only One

Sun. 9:00-10:00am _____

Tues. 4:00-5:00pm _____

Wed. 4:00-5:00pm _____

GRADES 6, 7 & 8:

Check Only One

Monday 4:00-5:00pm _____

Monday 7:00-8:00pm _____

GRADE 9: Sun. 12:30-1:30pm _____

GRADE 10: Sun. 5:00-6:30pm _____

GRADE 11: Confirmation Class _____

(Schedule to be announced)

SPECIAL NEEDS: Tues. 5:30-6:15pm _____

HOME SCHOOL: _____ (Doesn't apply to Grade 2 or Grade 10, these students must attend class in preparation of Sacraments)

***PLEASE MAKE YOUR RELIGIOUS ED./CONFIRMATION CHECK PAYABLE TO "ST. MARY'S"**

0 Early Reg. Discount (By 6/16/11): 1 child = \$125, 2 children = \$200, 3 or more children = \$250

0 Regular Reg. Fee (After 6/16/11): 1 child = \$150, 2 children = \$225, 3 or more children = \$275

***Please Note: If you are in need of financial assistance, please do not hesitate to call us
@ 781-729-1965, all information is strictly confidential.**

~ Page 2 ~

THIRD CHILD

Last Name _____

First Name _____

DOB _____

Sex _____

School _____

Grade as of September 2011 _____

Comments, Allergies, Special
needs _____

FOURTH CHILD

Last Name _____

First Name _____

DOB _____

Sex _____

School _____

Grade as of September 2011 _____

Comments, Allergies, Special
needs _____

FIFTH CHILD

Last Name _____

First Name _____

DOB _____

Sex _____

School _____

Grade as of September 2011 _____

Comments, Allergies, Special
needs _____

SIXTH CHILD

Last Name _____

First Name _____

DOB _____

Sex _____

School _____

Grade as of September 2011 _____

Comments, Allergies, Special
needs _____

PLEASE ~ Don't forget to CHECK DAY & TIME

for these children on the BOTTOM FRONT of the form!!

Thank you!!