

# REGISTRATION FORM

26-Apr-10

St. Michael Rel. Educ.

90 Concord Rd.

Bedford, MA

01730

781-275-6324

781-271-0133

**Family (Last) Name:** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **MOTHER :** \_\_\_\_\_ **Maiden:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **FatherReligion:** \_\_\_\_\_

**ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **MotherReligion:** \_\_\_\_\_

**In an emergency, if I am not at home contact: N** \_\_\_\_\_ **EmergencyTelephone:** \_\_\_\_\_

**My email:** \_\_\_\_\_ **Worktelephone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email2:** \_\_\_\_\_

**FIRST CHILD:**

**Last NAME:** \_\_\_\_\_ **First NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **School Grade:** \_\_\_\_\_ **Religious Education Grade** \_\_\_\_\_

**DATE\_BAPTISM:** \_\_\_\_\_ **Church\_Baptism:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_ **Church\_CityStZip:** \_\_\_\_\_

**Eucharist YES/NO** \_\_\_\_\_ **PENANCE:YES/NO** \_\_\_\_\_

**COMMENTS/Special Needs:** \_\_\_\_\_

**SECOND CHILD**

**Last NAME:** \_\_\_\_\_ **First NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **School Grade:** \_\_\_\_\_ **Religious Education Grade** \_\_\_\_\_

**DATE\_BAPTISM:** \_\_\_\_\_ **Church\_Baptism:** \_\_\_\_\_

**Church Address** \_\_\_\_\_ **Church\_CityStZip:** \_\_\_\_\_

**Eucharist YES/NO** \_\_\_\_\_ **PENANCE:YES/NO** \_\_\_\_\_

**COMMENTS/Special Needs:** \_\_\_\_\_

**THIRD CHILD:**

**Last Name:** \_\_\_\_\_ **First NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **School Grade:** \_\_\_\_\_ **Religious Education Grade** \_\_\_\_\_

**DATE\_BAPTISM:** \_\_\_\_\_ **Church\_Baptism:** \_\_\_\_\_

**Churh\_Address:** \_\_\_\_\_ **Church\_CityStZip:** \_\_\_\_\_

**Eucharist YES/NO** \_\_\_\_\_ **PENANCE:YES/NO** \_\_\_\_\_

**COMMENTS/Special Needs:** \_\_\_\_\_

Registered in Parish last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Last Religious Education Grade attended? Grade \_\_\_\_\_

*Signature* \_\_\_\_\_

	<u>Amount Enclosed</u>
<b><u>TUITION:</u> Grades K – 10 - \$125.00 per student (Max. \$325/family)</b>	\$ _____
<b>Special Needs....\$100.00 per student</b>	\$ _____
<b>Voluntary contribution to help defray religious education expenses</b>	\$ _____
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>