

**STUDENT REGISTRATION FOR RELIGIOUS EDUCATION  
ST. ANN, LENOX, MA & ST. VINCENT DE PAUL, LENOX DALE, MA**

Date \_\_\_\_\_

CCD GRADE \_\_\_\_\_

REGISTERED MEMBER OF ST. ANN \_\_\_\_\_ ST. VINCENT DE PAUL \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
LAST NAME. FIRST NAME AND MIDDLE NAME

BIRTH DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STUDENT LIVES WITH: BOTH PARENT \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

OTHER \_\_\_\_\_ (please give name and relationship)

FATHER'S NAME & ADDRESS \_\_\_\_\_

FATHER'S PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOTHER'S NAME & ADDRESS \_\_\_\_\_

MOTHER'S PHONE #: HOME \_\_\_\_\_ WORK \_\_\_\_\_

SCHOOL ATTENDING AND GRADE LEVEL \_\_\_\_\_

MALE/FEMALE \_\_\_\_\_ PACE OF BIRTH \_\_\_\_\_

\*EMERGENCY CONTACT - NAME, ADDRESS AND PHONE NUMBER, RELATIONSHIP TO CHILD

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY SPECIAL NEEDS - DISABILITIES, BEHAVIORAL PROBLEMS, ILLNESS OR ALLERGIES YOUR CHILD MAY BE EXPERIENCING, WHICH WOULD ASSIST US WITH THEIR INSTRUCTION AND CARE DURING RELIGIOUS EDUCATION CLASSES. ALL INFORMATION IS CONFIDENTIAL. EVERY CHILD IS WELCOME. YOU MAY CONTACT ME AT ANY TIME REGARDING ANY QUESTIONS OR CONCERNS YOU MAY HAVE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INCLUDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE AT THE TIME OF ENROLLMENT IF HE/SHE IS RECEIVING FIRST HOLY EUCHARIST OR CONFIRMATION.

SACRAMENTS RECEIVED: BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_  
AND DATES.

RECONCILIATION \_\_\_\_\_ CHURCH \_\_\_\_\_  
FIRST COMMUNION \_\_\_\_\_ CHURCH \_\_\_\_\_

OFFICE USE ONLY

NO. OF CHILDREN \_\_\_\_\_ FEE \_\_\_\_\_ REC'D \_\_\_\_\_ CASH/CHECK \_\_\_\_\_