

**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 _____

_____ BIRTH DATE _____
LAST NAME, FIRST NAME AND MIDDLE NAME

HOME ADDRESS _____

PHONE # HOME _____ CELL _____ EMAIL ADDRESS _____

STUDENT LIVES WITH: BOTH PARENTS _____ 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 _____ PLACE OF BIRTH _____

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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 _____

- Registration Fee is \$15 per students -

OFFICE USE ONLY
NO. OF CHILDREN _____ FEE _____ REC'D _____ CASH/CHECK _____

