

**St. Mary of the Nativity Religious Education**  
**Please return by July 20, 2018**

**WELCOME!** To enroll your child/children in the religious education program, **please complete this form (BOTH SIDES) and return it in the enclosed envelope with your tuition check or credit/debit card on enclosed EFT form.** You may mail it to St. Mary of the Nativity, Religious Education, 1 Kent St. Scituate, MA 02066 or drop it at the religious education office.

Check one \_\_\_\_\_ New Family (Did Not attend St. Mary's religious education program previous year )  
\_\_\_\_\_ RE-Enrollment Form (Attended St. Mary's religious education program)

**Classes for grades 1 through 10 begin the week of . Please refer to the "Class Schedule" for your child's class day & time. No confirmation will be sent regarding placement.**

**FAMILY INFORMATION:**

**MOTHER**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\* (all communications will be sent electronically, please supply email address if available)

**FATHER**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box#: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\* (all communications will be sent electronically, please supply email address if available)

**Emergency Contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_**

Please list **only** the children you will be registering (please refer to the Religious Education information form for the new day/time class assignments) \*\*Please note class time change for grades 3-6 on Monday and Tuesday reflecting the new dismissal time for Elementary Schools.

<u>Last Name</u>	<u>First Name</u> <u>Not Nick Name</u>	<u>Date of Birth</u>	<u>School</u> <u>Grade</u>	<u>School Attending</u> <u>(if Parochial # yrs)</u>	<u>Day/Time</u> <u>Week</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Allergies/ Special Comments \_\_\_\_\_

**TUITION prior to July 20<sup>th</sup> 1 Child \$90 2 Children \$160 3 Children \$190 4 Children \$215**

**TUITION after July 23<sup>rd</sup> 1 Child \$100 2 Children \$175 3 Children \$210 4 Children \$240**

\_\_\_\_\_ Amount enclosed

\_\_\_\_\_ I am unable to make full payment now and I would like to receive a tuition waiver.

**If you would like to volunteer to teach a class, please indicate the grade you would like to teach.**

Grade/Time \_\_\_\_\_ If you are teaching your child's grade level, would you like your child assigned to your class ? \_\_\_(Y/N) (Please complete other side)

**Sacramental Information/General Information** Please complete a section for each child in your family. If you have more than 4 children please let us know! We will need a copy of each child's Baptismal Certificate if your child was not baptized at St. Mary of the Nativity or St. Frances in Scituate.

**1<sup>st</sup> Child's Name** \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Church Baptized at: \_\_\_\_\_ City/State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Church Received at: \_\_\_\_\_ City/State \_\_\_\_\_  
Penance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_

Does your child have any allergies or medical needs we need to be aware of for class placement? \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Church Baptized at: \_\_\_\_\_ City/State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Church Received at: \_\_\_\_\_ City/State \_\_\_\_\_  
Penance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_

Does your child have any allergies or medical needs we need to be aware of for class placement? \_\_\_\_\_

**3<sup>rd</sup> Child's Name** \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Church Baptized at: \_\_\_\_\_ City/State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Church Received at: \_\_\_\_\_ City/State \_\_\_\_\_  
Penance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_

Does your child have any allergies or medical needs we need to be aware of for class placement? \_\_\_\_\_

**4<sup>th</sup> Child's Name** \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Baptism \_\_\_\_\_ Church Baptized at: \_\_\_\_\_ City/State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Church Received at: \_\_\_\_\_ City/State \_\_\_\_\_  
Penance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments/Special Needs: \_\_\_\_\_

Does your child have any allergies or medical needs we need to be aware of for class placement? \_\_\_\_\_