

**St. Francis of Assisi Parish**  
**Religious Education Registration 2011-12**  
 856 Washington Street, Braintree, MA 02184

Parent/  
 Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Mom @ work: \_\_\_\_\_  
 Dad @ work: \_\_\_\_\_

M. Maiden: \_\_\_\_\_  
 Marital Status (please circle one)  
 Married Single Separated Divorced Widowed  
 E-Mail Address: \_\_\_\_\_  
 Custodial parent, if different than above: \_\_\_\_\_

Emergency No. \_\_\_\_\_  
 Catholic: Mother \_\_\_ Father \_\_\_  
 Additional Rel. Ed. mailing address: If so,  
 state to whom: \_\_\_\_\_

Child	Birthdate	Sex	Rel.Ed.Grade	Session	School and Grade
_____	_____	_____	_____	_____	_____
Sacrament:	Baptism	Catholic?	Eucharist	Penance	Confirmation
Date and Parish:	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/>

Special Needs: medical (allergies), learning disabilities, physical disabilities:.....

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NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

