

St. Francis of Assisi Parish
Religious Education Registration 2012-13
 856 Washington Street, Braintree, MA 02184

Please Check One:

Returning

New

**Parent/
Guardian:** _____
Address: _____

Date: _____
Home Phone: _____
Cell Phone: _____
Mom @ work: _____
Dad @ work: _____
Emergency No. _____
Catholic: Mother _____ Father _____
**Additional Rel. Ed. mailing address: If so,
state to whom:** _____

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

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism _____ Catholic? _____ Eucharist _____ Penance _____ Confirmation _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism _____ Catholic? _____ Eucharist _____ Penance _____ Confirmation _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism _____ Catholic? _____ Eucharist _____ Penance _____ Confirmation _____

Special Needs: medical, learning disabilities, physical disabilities: _____

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.

Tuition due: \$ _____ **Tuition Pd: \$** _____ **Signature:** _____