

**2016/2017**  
**ST. MARY CHURCH/ST. JOSEPH CHURCH**  
**RELIGIOUS EDUCATION**  
**CLASS REGISTRATION FORM**

**FEE PER CHILD: \$20.00 / MAX \$60.00 PER FAMILY**

Grade Level \_\_\_\_\_ Has your child missed a sacrament? \_\_\_\_\_

Child's Name (First/Middle/Last) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complete Address \_\_\_\_\_

Home Telephone Number:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**\*\*\*Please note: Most communication will happen via email, therefore please make sure the email address you share with us is one you check frequently, particularly one you access on weekends.\*\*\***

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**Our family is registered at: (circle one)**

**St. Mary Parish**

**St. Joseph's Parish**

**Another Parish** \_\_\_\_\_

Emergency contact : Name: \_\_\_\_\_ Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies (including food) \_\_\_\_\_

I give permission to the following relatives/friends to pick up my child after classes:

I give permission to have my child photographed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Have questions? Contact Lisa Sweet, Religious Ed. Coordinator (603)-542-2260 or  
claremontfaithformation@gmail.com**