

Holy Family Parish

Religious Education Registration

60 Prospect St., Gloucester, MA 01930 978-281-4820

Family: _____ **Date:** _____
Home Phone: _____
Mom/Dad Work: M _____ D _____
M. Maiden: _____ **Emerg. Phone:** _____
Custodial Parent, if different from above: _____ **Email:** _____
Rel Ed mailing to additional address? If so, state: _____ **School:** _____
Both Parents Catholic? Y N

Child	Birthdate	Sex	Grade	Session	Room	Sac. Program?														
Sacrament and Date: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Baptism</td> <td style="width: 15%;"><i>Catholic?</i></td> <td style="width: 15%;">Eucharist</td> <td style="width: 15%;">Penance</td> <td style="width: 15%;">Confirmation</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>							Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Special Needs: medical, 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.

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