



Saint Mary Church

544 Main Street, New Britain CT 06051

Phone: 860-229-4894 ♦ Fax: 860-223-2756

Email: carmenmartinez@smnb.org ♦ Web page: www.smnb.org

Religious Education Program Application Grades 2-8

PARENT CONTACT INFORMATION:

Father's **LAST** name _____ first name _____ cell phone _____

Mother's **LAST** name _____ first name _____ cell phone _____

Home address _____ city _____ zip _____ home phone _____

Email address: _____

Best way to contact you (home/cell phone or email) _____

REGISTRATION FEES:

All fees paid through registration go directly to fund the Religious Education Program.

(If payment of fees is a genuine hardship, please notify the R. E. office.)

This application is for your (choose one:) first child: \$30.00 ___ second child \$20.00 ___ additional child \$15.00

Total _____ Paid _____ Date _____ Balance Due _____ Paid _____ Date _____

EMERGENCY CONTACT INFORMATION:

In case of emergency and we are unable to reach the parents of the children listed on this registration, please contact the following person:

Name _____ Relationship to child _____ phone _____

Besides me, these adults have permission to take my child home after class:

1. _____ 2. _____

PARENT SIGNATURE:

I understand and agree to the policies of the St. Mary Church Religious Education Program. I authorize St. Mary Church Office staff and teachers to obtain emergency medical treatment for my child/children if I cannot be reached or in an emergency.

Parent signature _____

Date _____

May we use your child's photograph in church publications? Yes _____ No _____



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STUDENT INFORMATION —

LEGAL LAST name

first name

Male Female Date of birth: _____

School: _____ Grade (please circle one) 2 3 4 5 6 7 8

Are there any **special needs, food allergies** or medical conditions we should be aware of regarding this child? (ADD, ADHD, hearing, vision? Please include written instructions if needed) _____

SACRAMENTS —

Baptized?

No

Yes

Date of baptism _____ Church _____ Location _____

Roman Catholic Baptism? Yes No (If no, specify other religion-church of baptism) _____

Eucharist

Has this child received the sacrament of the Eucharist (**1st communion?**)

No

Yes *If yes, at what church, location, and date.*

Church _____ Location _____ Date _____

RELIGIOUS EDUCATION —

First time in Religious Education classes?

Yes

No (if no, fill out the questions below)

Was previous class here, at St Mary Church? _____ What year? _____

If previous religious education was not at St Mary Church, please enter church, location, and date below:

Church: _____

Location: _____

Date: _____