

~ ST. NICHOLAS OF MYRA PARISH ~
Religious Education Registration Form

Head of Household: _____

Street Address: _____

Mailing Address (if different from above): _____

Phone # _____ E-Mail: _____

Father / Guardian

Last Name: _____ First: _____ Religion: _____

Mother / Guardian

Maiden Name: _____ First: _____ Religion: _____

Parents/Guardian(s) Cell #: _____

Students Registering for Religious Education Classes

Name: _____ Birthdate: ____/____/____

School: _____ Grade: _____

Name: _____ Birthdate: ____/____/____

School: _____ Grade: _____

Name: _____ Birthdate: ____/____/____

School: _____ Grade: _____

Name: _____ Birthdate: ____/____/____

School: _____ Grade: _____

Name: _____ Birthdate: ____/____/____

School: _____ Grade: _____

(continued on back)

** If your child(ren) are in Grades 1 – 6, then please indicate which session you would prefer your child(ren) to

attend. Please remember that requests can only be accommodated on a *first come, first served* basis, so the earlier your completed registration is received, the better the possibility of receiving the time slot you wish. Below, please list the child's name, grade and day you prefer for your child:

If there are any other considerations concerning your child(ren)'s placement in a class or time, please mention this below and an attempt will be made to accommodate you:

The Catholic Faith which we hope to convey, teach and model to our young people is always centered around the celebration of the Eucharist at Mass and Mass attendance for each student with their families is essential to the success of the Program and the living of the Christian life

Which Mass time does your family usually attend? _____

The teaching and forming of your child about the love of God and the Faith of the Catholic Church in a safe and productive environment is of primary importance to all of us in the Religious Education Program here in Dighton. If your child has any special needs, please inform us so that we may be able to try to accommodate these needs.

Please provide any information that we should have on file for your child(ren): (Learning Disabilities, Handicaps, Allergies, etc... -- This information is kept confidential)

Parent / Guardian's Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Received By: _____

Payment enclosed: _____ Check # _____
