

**St Mary Parish**  
**Religious Education Registration**  
796 Boston Rd, Billerica, MA 01821

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mom/Dad Work/Cell: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Custodial Parent, if different from above: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Both Parents Catholic? Y\_\_\_\_ N\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
<hr/>						
Sacrament and Date:	Baptism	Catholic?	Eucharist	Penance	Confirmation	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
<hr/>						
Sacrament and Date:	Baptism	Catholic?	Eucharist	Penance	Confirmation	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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: \_\_\_\_\_