

2017 – 2018

Stoughton Collaborative Religious Education Program Registration

My Family is Registered St James Immaculate Conception

Fee: \$125/Student \$300/Family 3 or more

Student Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City/Town) (Zip Code)

Primary Email Address _____

Primary Telephone: _____ Child Lives with _____

Date of Birth: _____ Grade Level (in Sept.) _____ School: _____

Baptized Date _____ Church & Town: _____

Special Learning Needs: _____

Medical Information (Asthma, diabetes, medications, allergies, etc.): _____

Sessions Choices

Please mark your choice

Grades 1-3 Sunday 9:30-10:40	Grades 4-6 Monday 4:00-5:15	Grades 7-8 Monday 5:30-7:00	Grades 9-10 Mon- day 7:00-8:30	Grades 1-3 Tuesday 4:00-5:15

PARENT INFORMATION

Father's Full Name: _____ Religion: _____

Address:(If Different) _____
(Street) (City/Town) (Zip)

Mother's Name: _____ Maiden Name: _____ Religion _____

Address: (If Different) _____
(Street) (City/Town) (Zip)

Emergency Contact: _____
(Name) (Telephone)

Promotional Release: I consent to the use of any video and/or photographs in which my child may appear by Stoughton Catholic Collaborative. I understand that these materials are being used for promotion of the Parish Religious Ed. program and/or parish activities, which may include recruitment and fundraising efforts.

YES _____ NO _____

Parent/Guardian Signature

Date

I am available to teach: Grade _____

I am available to assist: Grade _____