

# RELIGIOUS EDUCATION REGISTRATION

## SAINT MARY STAR OF THE SEA PARISH

*Registration for Kindergarten through 10<sup>th</sup> Grade*

Please mail completed form with payment to: 864 Point Judith Road Narragansett, RI 02882

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Mother's Phone #'s: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father's Phone #'s: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Is the family registered in the parish?      YES      NO

Name of Child	Date of <u>Birth</u>	Grade <u>in Sept.</u>	School	Baptism	First <u>Communion</u>	First <u>Reconciliation</u>

Please enclose Program fee of \$20.00 for each child attending in September.

Amount enclosed: \_\_\_\_\_ Yes, I am interested in being a volunteer.

Are there any special needs that we should be aware of (seizures, chronic illnesses, allergies, etc.)?

Child's name \_\_\_\_\_ Special Need: \_\_\_\_\_