

RELIGIOUS EDUCATION REGISTRATION

SAINT MARY STAR OF THE SEA PARISH

Registration for Kindergarten through 10th 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: _____