## STUDENT REGISTRATION FOR RELIGIOUS EDUCATION 2018-2019 ST. ANN AND ST, VINCENT DE PAUL 134 MAIN ST, LENOX, MA 01240 413-637-4027

| Date`  |                    | Religious Education Grade |                   |  |  |
|--|--------------------|---------------------------|-------------------|--|--|
| Registered member of St. Ann   | St. Vi             | St. Vincent DePaul Other  |                   |  |  |
| *All families need to be registered a  | t a parish to atte | nd Religious E            | ducation program. |  |  |
| LAST NAME, FIRST NAME AND MIDDLE NAME  |                    |                           | BIRTH DATE        |  |  |
| HOME ADDRESS   |                    |                           |                   |  |  |
| PHONE # HOME   |                    |                           |                   |  |  |
| School Attending and Grade   |                    |                           |                   |  |  |
| Phone # that a parent can be reach   |                    |                           |                   |  |  |
| Eather's Name and Address  |                    |                           |                   |  |  |
| Father's Name and Address Father's Phone# Home   |                    | \\/ork                    | Call              |  |  |
| rather s Phone# nome   |                    | WOIK                      | Ceii              |  |  |
| Mother's Name and Address  |                    |                           |                   |  |  |
| Mother's Phone # Home  |                    | Work                      | Cell              |  |  |
| *Emergency Contact- Name, Phone  Please list any special needs or aller                |                    |                           |                   |  |  |
| **INCLUDE A COPY OF YOUR CHILD TIME OF ENROLLMENT (ONLY If NOT at St. Ann or St. Vince |                    |                           |                   |  |  |
| Confirmation   |                    |                           |                   |  |  |
| Sacraments Received and Date:  |                    |                           |                   |  |  |
| Baptism Date   |                    |                           |                   |  |  |
| -  | Address            |                           |                   |  |  |
| First Communion Date   |                    |                           |                   |  |  |
| Church   | Addre              |                           |                   |  |  |
| Fee_\$20 per child or \$30 per family  |                    | Rec'd                     |                   |  |  |

If this fee is a hardship please call Monsignor

## Please circle any of the following Faith Formation Activities in which your child would like to participate:

| K-4" grade                             | 3 <sup>rd</sup> grade and older       | 5" grade and older             |  |
|--|---------------------------------------|--------------------------------|--|
| Participate in Christmas Pageant       | Greeter                               | Collections                    |  |
| Children Lenten Stations of the Cross  | Altar server                          | CCD teacher assistant          |  |
|  | Lector                                | Assist with Christmas Pageant  |  |
|  | Profession of Faith reader            | Sunday coffee set-up/ clean up |  |
|  | Hand out bulletins after Mass         | Decorate Altar Advent Wreath   |  |
|  | Shoebox Christmas Project             |                                |  |
|  | Children Lenten Stations of the Cross |                                |  |
|  |                                       |                                |  |
|  |                                       |                                |  |
|  |                                       |                                |  |
| Other                                  |                                       |                                |  |
|  |                                       |                                |  |
|  |                                       |                                |  |
| Do we have your permission to pho      | tograph your child during any         | of these or other related      |  |
| church activities and use these pictor |                                       |                                |  |
| church activities and use these picti  | ures on parish website or in pa       | arisii publications:           |  |
| Voc                                    |                                       |                                |  |
| Yes                                    |                                       |                                |  |
| N                                      |                                       |                                |  |
| No                                     |                                       |                                |  |
|  |                                       |                                |  |
| Signature of Parent                    |                                       |                                |  |
|  |                                       |                                |  |
|  |                                       |                                |  |
| Date                                   |                                       |                                |  |