

# St Cecilia Parish

## Religious Ed. Registration

170 Mechanic St, Leominster, MA 01453

**Term:** 2018-2019

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Father's Cell / Work:** \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ **Mother's Cell / Work:** \_\_\_\_\_  
**Mother's Maiden:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_  
**City, ST Postal:** \_\_\_\_\_ **Both Parents Catholic?** Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
**Gender:**  Male  Female **Sacrament Details** Check & Date All Below  
**Birth Date:** \_\_\_\_\_  Baptism: \_\_\_\_\_  
**Grade:** \_\_\_\_\_  Eucharist: \_\_\_\_\_  
**Session:** \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
**Class:** \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
**Gender:**  Male  Female **Sacrament Details** Check & Date All Below  
**Birth Date:** \_\_\_\_\_  Baptism: \_\_\_\_\_  
**Grade:** \_\_\_\_\_  Eucharist: \_\_\_\_\_  
**Session:** \_\_\_\_\_  Reconciliation Prep: \_\_\_\_\_  
**Class:** \_\_\_\_\_  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

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.