# St. Cecilia's Religious Education

170 Mechanic Street Leominster, Massachusetts 01453

## Religious Education/ Faith Formation Registration Term: 2023-2024

FAMILY INFORMATION	Date:
	Date.

Family Last Name:	Landline #:		
Father's Name:	Father's cell phone:		
Mother's Name:	Mother's cell phone:		
Mother's Maiden	Email address for		
Name:	Flocknotes:		
Address:	Flocknote text: (circle)	Father	Mother
City & Zip Code:			
1 <sup>st</sup> Emergency	1 <sup>st</sup> Emergency #:		
Contact Name:			
2 <sup>nd</sup> Emergency	2 <sup>nd</sup> Emergency #:		
Contact Name:			

#### 1st CHILD'S INFORMATION

First Name:		Last Name: (if different)	
Nickname: (if applicable)		Date of Birth:	
Public School		List sacraments already	
Attending		received:	
Picture release: (3	Classroom	Social Media &	No pictures
choices circle 1)		Classroom	

List any concerns (Learning styles, Medical, social):	

#### 2<sup>nd</sup> CHILD'S INFORMATION

First Name:		Last Name: (if different)	
Nickname: (if applicable)		Date of Birth:	
Public School		List sacraments already	
Attending		received:	
Picture release: (3	Classroom	Social Media &	No pictures
choices circle 1)		Classroom	

List any concerns	(Learning styles,	Medical, social	):	

### **3rd CHILD'S INFORMATION**

F: ( )		1 ( N ) ('C )'(C )	
First Name:		Last Name: (if different)	
Nickname: (if applicable)		Date of Birth:	
Public School		List sacraments already	
Attending		received:	
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Picture release: (3	Classroom	Social Media &	No pictures
choices circle 1)		Classroom	
List any concorns (Loarni	ng styles, Medical, social):		
List arry concerns (Learni	rig styles, Medical, Social).		
4th CHILD'S INFORM	ATION		
First Name:		Last Name: (if different)	
Nickname: (if applicable)		Date of Birth:	
Public School		List sacraments already	
Attending		received:	
-			
Picture release: (3	Classroom	Social Media &	No pictures
choices circle 1)		Classroom	-
List any concerns (Learni	ng styles, Medical, social):		
	vere baptized outside of tl	•	
us with a copy of each (	child's baptismal record, y	you will need to supply a	copy for our files.
Desire Confident and fine	2.1 (2)		
	program our parish utilizes		
•	areas of my work. A weakn		<u> </u>
•	ition in our database to reco		
	status and I am always cor		
	uld you take a moment to ch	neck off below now you wol	uid like me to address
any mailings that I send o	out. Thanks!		
Mr & Mrs	Mr.	Mrs. Ms.	
Wil. & Wil3.			
Registration Fees: \$25.00	per child/ \$40.00 making a	a sacrament. Family cap of	\$75.00.
J	· · · · · · · · · · · · · · · · · · ·	, , , , , ,	•
I understand that this pan	ndemic has been financial cl	hallenging for some families	s, please reach out to
me if find yourself in need	d of financial assistance.		
Registration fee enclosed	l: \$ Signa	ature:	