ST. MARY'S CATHOLIC CHURCH 312 North Main St., Cambridge, VT 05444

Parish Administrator: Rev. Christopher Micale Parish Office: 802-644-5073 Email: stmarys@pshift.com

2017-2018 Religious Education Registration Grades K-8 only

CURRENT PARISH:		PARISH TOW	N:	
FAMILY NAME:				
Father's Full Name:				
Mother's Full Name:	Maiden			
Home Phone #:	Dad's Cell:	N	/lom's Cell:	
Home Address:				
City/ State/ Zip:				
Email:			Both Parents Ca	tholic? Yes/ No
Custody issues? Yes/ No If yes	s, who may pick up your	child?		
Custodial Parent if different tha	n above:			
Home Address:				
Contact Phone:	E	mail:		
Registering for:				
1. Child's Name:		Previously re	gistered? Yes/ No	Grade:
School attending?				
2. Child's Name:			gistered? Yes/ No	Grade:
School attending?				
3. Child's Name:			gistered? Yes/ No	Grade:
School attending?				
4. Child's Name:			gistered? Yes/ No	Grade:
School attending?				
If entering Kindergarten or nev	v to the program:			
Child's Name:				Age:
Birth Date: мм/DD				
Sacramental Information:				
Church of Baptism:			Ca	tholic: Yes/ No
Church Address:				
City / State / Zip:				
Date of Baptism: MMDD	/ʏʏʏʏ Attach cop	by of Baptismal Ce	ertificate from Ch	urch of Baptism
Registration Fee: \$20 (1 child); \$30 Make checks payable to: St. Mary's (No child will be denied for inability)	S Church and include payn		= -	
(For office use only) Date received:	Amo	unt received:	Cash/Che	eck #