

***K-10* RELIGIOUS EDUCATION REGISTRATION
*2018-2019 * LEXINGTON CATHOLIC COMMUNITY**

If your child is currently enrolled in our program, check this box
and complete only the highlighted information

Child's Last Name: _____ **Grade (2018-2019):** _____

Child's First Name: _____ **Date of Birth:** _____

Mother's Last Name: _____ **Mother's First Name:** _____

Mother's Religion: _____ **Mother's Maiden Name:** _____

Father's Last Name: _____ **Father's First Name:** _____

Father's Religion: _____ **New to parish?** _____

Home Phone: _____ **Member of:** Saint Brigid Sacred Heart
(please circle one)

Home Address : _____

Parent Emails: _____

Mother's Cell: _____ **Father's Cell:** _____

Emergency Contact: _____
(other than parent) (Name) (Relationship) (Phone)

Baptismal Info: _____
(Date) (Parish) (Town/State/Zip)

First Eucharist Info: _____
(Date) (Parish) (Town/State/Zip)

Are there any medical or social needs we should know about? _____

Parent/Guardian Signature: _____

Grades K-6 Session (check one) St. Brigid Sunday St. Brigid Tuesday Sacred Heart Sunday

REGISTRATION FEE (Early Registration discount offered before June 30, 2018)

Before June 30: 1 Child \$150 2 children \$225 3 or more children \$300

After June 30: 1 Child \$175 2 children \$250 3 or more children \$325

Are you paying by Check Online Scholarship Other _____
*Fee is waived for parents who volunteer to teach or help in our Religious Education Program
If you will volunteer, please circle to indicate Sunday or Tuesday*

To pay online: www.osvonlinegiving.com/125 (St.Brigid) - www.osvonlinegiving.com/130 (Sacred Heart)
Click on Quick Give, and under Gift Information choose "Religious Education"

**Mail completed form to: Religious Ed. Office, 2001 Massachusetts Ave, Lexington, MA 02421
or drop-off at the parish office or email it to: lucy.prunier@lexingtoncatholic.org**

Office Use Only	Check No.	Amount	Scholarship
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