

2022-2023 Braintree Catholic Cooperative Grade 1-6 Religious Education Registration

FAMILY NAME EMAIL

HOME PHONE CELL# (MOTHER) CELL# (FATHER)

MOTHER'S FULL NAME MOTHER'S MAIDEN NAME

FATHER'S FULL NAME REGISTERED PARISHIONERS Yes No

EMERGENCY CONTACT: (PERSON OTHER THAN PARENTS IN CASE PARENTS CAN NOT BE REACHED)

NAME RELATIONSHIP PHONE#

PLEASE LIST ALL STUDENTS WHO WILL BE ENROLLED IN THE PROGRAM

FIRST NAME (Include the last name if different)	GENDER	GRADE	SCHOOL	DATE OF BIRTH	BAPTISM: Church/Town/Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Click or tap to enter a date.	Church <input type="text"/> Town <input type="text"/> Year <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Click or tap to enter a date.	Church <input type="text"/> Town <input type="text"/> Year <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Click or tap to enter a date.	Church <input type="text"/> Town <input type="text"/> Year <input type="text"/>

***A BAPTISMAL CERTIFICATE MUST BE ON FILE FOR ALL STUDENTS ***

(contact the church where baptized to get a copy)

ALLERGIES? Yes No IF YES, PLEASE DESCRIBE (type of allergy, needs epi-pen or inhaler, etc.)

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SPECIAL NEEDS? Yes No IF YES, PLEASE DESCRIBE (type of learning difference, how we can address it, etc.)

PROGRAM FEES

In lieu of standard fees, suggested donations are as follows: \$100 for one child, \$160 for two children, and \$185 for three children.

CLASS SCHEDULE

Classes will be offered on Tuesdays and Thursdays from 4:00-5:00 and Sundays from 11:15-12:15. Please check the day your child(ren) would like to attend.

NAME GRADE Tuesday Thursday Sunday

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VOLUNTEER TEACHER APPLICATION

Our program needs volunteers to run, so thank you for considering volunteering your time! If you can help, your fee will be reduced to \$25 per child (please note that the \$50 sacramental fee for grade 2 will still apply).

There will be a short training meeting before classes begin, and in each category, you will receive a folder with an attendance sheet and the lesson materials, with notes/explanations.

Please know that your help is necessary and will be greatly appreciated!

NAME EMAIL

HOME PHONE CELL PHONE

I AM WILLING TO TEACH:

Grade level(s):

Days of the week: