



Braintree Catholic Collaborative Religious Education Registration Form (2026–2027)

☐ **New Family** – please complete all sections below

☐ **Returning Family Option** – Use information from the 2025–2026 registration on file. Only complete the sections below if information has changed (i.e. grade, phone number, session day, emergency contact)

Family Information

Family Last Name: _____

Home Phone: _____

Home Address: _____

City, State, ZIP: _____

Father (First and Last): _____

Father Religion: _____

Father's Cell/Work: _____

Father's Email: _____

Mother: (First, Maiden and Last) _____

Mother Religion: _____

Mother's Cell/Work: _____

Mother's Email: _____

Emergency Contact/Relationship: _____

Emergency Phone: _____

Emergency Contact is allowed to pick up my child(ren)?: ☐ Yes ☐ No

STUDENT 1 INFORMATION

Student Name: _____

Gender: _____

Birth Date: _____

Grade (2026–2027): _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

Session: _____

(For K-6 session, choose from: Tuesday 4:00-5:00, Thursday 4:00-5:00, or Sunday 11:15-12:15

For grade 7-8 and up: write Confirmation)

Sacrament Details

Please provide Parish and Date for all that apply.

****NOTE: If child was baptized outside this parish please submit a copy of baptismal record for parish records.**

Baptism: date _____ parish _____

Eucharist: date _____ parish _____

STUDENT 2 INFORMATION

Student Name: _____

Gender: _____

Birth Date: _____

Grade (2026–2027): _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

Session: _____

(For K-6 session, choose from: Tuesday 4:00-5:00, Thursday 4:00-5:00, or Sunday 11:15-12:15

For grade 7-8 and up: write Confirmation)

Sacrament Details

Please provide Parish and Date for all that apply.

****NOTE: If child was baptized outside this parish please submit a copy of baptismal record for parish records.**

Baptism: date _____ parish _____

Eucharist: date _____ parish _____

Tuition for 2026-2027: \$125/1st child, \$50 each additional child, family cap at \$225 (3 children)

Tuition Due: \$ _____

Tuition Paid: \$ _____ ☐ cash ☐ check (made out to St. Clare Parish)

I grant permission to the Braintree Catholic Collaborative and its Religious Education Program to photograph, videotape, and/or record my child(ren) during Religious Education classes, liturgies, sacramental celebrations, choir activities, service projects, retreats, family faith events, parish gatherings, and other parish-sponsored activities for use in the Collaborative bulletin, on the Collaborative website, and on the Collaborative social media pages. **Please select one:**

☐ **YES** – I grant permission for my child(ren)'s photograph, video image, and/or likeness to be used as described above.

☐ **NO** – I do not grant permission for my child(ren)'s photograph, video image, or likeness to be used.

I understand that this authorization is voluntary and will remain in effect for the 2026–2027 Religious Education year unless revoked in writing.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Mail to:

Braintree Catholic Collaborative RE
c/o Mrs. Karen Lane
856 Washington St.
Braintree, MA 02184