



Saint Charles Borromeo Parish
8 Summer Street, Woburn, MA 01801
Tel 781-933-7595
www.sccwoburn.com

OFFICE USE ONLY
 Date Received _____

PLEASE PRINT

Birth Father's Full Name _____

Birth Mother's Full Name _____ Maiden Name _____

Primary Mailing Address: _____ _____ _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	<p>To guarantee class placement, registration must be received by May 1st, 2018 for all grades (1-10)</p> Primary Contact Name: _____ Relationship to Students: _____ Would you like to teach? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to be a co-teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to be a substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contact Information - Be sure to include e-mail addresses for regular updates and communications.

Preferred Phone: _____ Contact: _____ Relationship _____ Text? Yes No

This number will be used for all auto-calls and cancellation notifications.

Emergency Phone: _____ Contact: _____ Relationship _____ Text? Yes No

Emergency phone - Will be used if preferred phone can't be reached.

Preferred E-Mail: _____

A lot of information is sent via e-mail, please include at least one e-mail address.

Additional Family Information - i.e. step-parent information, deceased parent, custody issues/restraining orders, etc.

CHILD 1	
Name _____ <small>First Middle Last</small>	Date of Birth _____
M or F _____ School _____ <small>in Fall</small>	Grade _____ Religious Education Grade _____ <small>in Fall in Fall</small>
Special medical needs (allergies, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____	
Special educational needs (ADD, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____	
<u>For Grades 1-8 Only</u>	<u>10th Grade Fall 9th Grade Spring</u>
Please indicate preferred (1) and Alternate (2) class time: <input type="checkbox"/> Sun 8:45am <input type="checkbox"/> Wed 3:30pm <input type="checkbox"/> Homeschool	Confirmation—Grades 9 & 10 (Only meets 12 times) <input type="checkbox"/> Confirmation (Sun 8:45 - 10:00 am) Select One <input type="checkbox"/> Confirmation (Wed 6 - 7:15 pm) Select One
CHILD 2	
Name _____ <small>First Middle Last</small>	Date of Birth _____
M or F _____ School _____ <small>in Fall</small>	Grade _____ Religious Education Grade _____ <small>in Fall in Fall</small>
Special medical needs (allergies, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____	
Special educational needs (ADD, etc.) <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____	
<u>For Grades 1-8 Only</u>	<u>10th Grade Fall 9th Grade Spring</u>
Please indicate preferred (1) and Alternate (2) class time: <input type="checkbox"/> Sun 8:45am <input type="checkbox"/> Wed 3:30pm <input type="checkbox"/> Homeschool	Confirmation—Grades 9 & 10 (Only meets 12 times) <input type="checkbox"/> Confirmation (Sun 8:45 - 10:00 am) Select One <input type="checkbox"/> Confirmation (Wed 6 - 7:15 pm) Select One

For additional children, you can copy this form.

To complete the registration, please TURN OVER → → →

CHILD 3

Name _____ Date of Birth _____
First Middle Last

M or F _____ School _____ Grade _____ Religious Education Grade _____
in Fall in Fall in Fall

Special medical needs (allergies, etc.) ___ NONE ___ YES: _____

Special educational needs (ADD, etc.) ___ NONE ___ YES: _____

For Grades 1-8 Only

10th Grade Fall | 9th Grade Spring

Please indicate preferred (1) and Alternate (2) class time:

| ___ Sun 8:45am | ___ Wed 3:30pm | ___ Homeschool |

Confirmation—Grades 9 & 10 (Only meets 12 times)

___ Confirmation (Sun 8:45 - 10:00 am) Select One

___ Confirmation (Wed 6 - 7:15 pm) Select One

Scholarship or Financial Aid

If you would like to make a donation to the scholarship fund you can add any amount to your family's total.

A Financial Aid form must be filled out if you cannot pay full tuition up front. **Students will not be placed** without full payment or a completed Financial Aid form. Consider teaching, we have raised the teacher discount.

REGISTRATION FEES

The cost per child is \$90 (\$270 Max) \$90 x _____ = _____

Teacher Discount (Lead & Co-Teachers) -\$90 = _____

Scholarship Donation + = _____

Late Fee (After May 1st for **Returning Students Only**) +\$25 = _____

Total Payment = _____

Late fee does not apply to students registering for the first time.

Please make checks payable to: **Saint Charles Church**

I will pay by check/cash

I will pay online by EFT, Credit Card, or Debit Card

If you pay online please be sure to select R.E. Tuition Fund

Online Payment Order # _____

Students will not be placed until online payments are verified.

Mail or return completed registration with total amount due to:

**Saint Charles Borromeo Parish
Religious Education
8 Summer Street
Woburn, MA 01801
781-933-7595**

Please note: On-time registration and full payment of fees guarantee your child/children a place in Religious Education classes. Placement in a particular class or with a particular Catechist cannot be guaranteed. Registration fees are not refundable. To guarantee class placement, envelopes must be postmarked OR hand-delivered by May 1st.

As a parent/guardian of a child/children in the Religious Education Program you are expected to commit to the following:

1. I understand that the Sunday Liturgy is the central form of Prayer and Worship for Roman Catholics; I will make a sincere effort to take my child to Mass every week.
2. I will call my child's Catechist prior to a class absence.
3. I will make sure that my child makes up any missed class assignments.
4. I understand that proper conduct and respect is expected of each student in class. I may be asked to be present with my child during class, if discipline is a problem.

If you do **not** want your child/children to be photographed or videotaped during Religious Education and Youth Ministry activities, check here: ___ Do **not** photograph or videotape.

TO WHOM IT MAY CONCERN: In the event that the undersigned parent or guardian cannot be contacted, permission is given to provide medical attention, if deemed necessary. In consideration of Saint Charles Borromeo Parish allowing my child to participate in the Program, and for myself and my child, I agree to assume all risks that may be associated with my child's participation in the Program. I further assume all responsibility for picking up and returning my child home after each activity that my child has participated in relating to the Program. For myself and my child, I hereby release, discharge and agree to hold harmless Saint Charles Borromeo Parish, its priests, directors, employees, volunteers and agents (collectively the "Parish") from any and all responsibility, liability, claims or demands for any loss, personal injury, illness, or in the rare event death, as well as any property damage and expenses, of any nature whatsoever which may arise from my child's participation in the Program. I further waive any claim or cause of action against the Parish that may arise on account of any such loss, personal injury, illness or death.

I have read, understand and agree to the above consent and release of liability. I further state that I am the parent or legal guardian/custodian of the above mentioned student and have the authority to execute this release.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Amount Received \$ _____ Total Students _____ Cash / Check # _____ Scholarship Donation \$ _____

Balance Due \$ _____ Teacher Discount ___ Yes ___ No Payment Plan ___ Yes ___ No Initials _____