

**2009-2010 St. Timothy's Religious Education Form**  
**GRADES K-6 ONLY**

<b>Mother's Full Name : (Maiden)</b>	<b>Father's Full Name:</b>
Child's Mailing Address:	Town:
Home Telephone: Parent's Work #:	Fax: <b>E-mail:</b>
Emergency contact: Address-phone#:	Child resides with: _____ (Both Parents, Mother, Father, Other)
<b>CHILD: Full Name</b>	Date of Birth: <b>'09-'10 Religious Education Grade:</b>
Baptized When?	Church/town/state of Baptism
First Communion When?	First Communion Where?
First Penance completed - yes/no	<b>'09-'10 Name of School &amp; Grade:</b>
'09-'10 candidate for First Communion, or First Penance?	
<b>CHILD: Full Name</b>	Date of Birth: <b>'09-'10 Religious Education Grade:</b>
Baptized When?	Church/town/state of Baptism
First Communion When?	First Communion Where?
First Penance completed - yes/no	<b>'09-'10 Name of School &amp; Grade:</b>
'09-'10 candidate for First Communion, or First Penance?	
<b>CHILD: Full Name</b>	Date of Birth: <b>'09-'10 Religious Education Grade:</b>
Baptized When?	Church/town/state of Baptism
First Communion When?	First Communion Where?
First Penance completed - yes/no	<b>'09-'10 Name of School &amp; Grade:</b>
'09-'10 candidate for First Communion, or First Penance?	
Questions? Call 781-762-4868	<b>Please turn form over, then return to parish office!</b>

**QUESTIONNAIRE**

**Can You Help Us?**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	I would like to be contacted about the possibility of becoming a Catechist _____ Day/Time _____
<input type="checkbox"/>	<input type="checkbox"/>	I would like to be contacted regarding helping during occasional Functions

**Registration Fee -\$55.00 per child (\$150.00 Family Maximum)**

Please check the appropriate box	
<input type="checkbox"/>	Check Enclosed
<input type="checkbox"/>	Will send at a later date
<input type="checkbox"/>	I would like to talk with someone about scholarship money
<input type="checkbox"/>	I am a first time registrant and I have enclosed a copy of my child's Baptismal Record. (If your child was baptized at St. Timothy's, we have these records.)

**Please let us know if you would prefer:**

Weekday Class:                       Sunday Class:

**Do you carpool with other children in your child's grade?  
Names?**

***IMPORTANT***

<b>Please let us know if your child/children have any health issues, allergies, learning disabilities, etc.</b>
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**Candid pictures without identifying names are sometimes used in parish publications and on our website. If you do not grant such permission, please check the box and sign below.**

**I do not grant permission for my child's image to be used in publications.**

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( Parent Signature)