

**Catholic Tri-Parishes of Brockton  
Religious Education Registration  
for the 2019-2020 School Year**

**Home Parish:**    **Christ The King**   508-586-1575    **Our Lady of Lourdes**   508-586-4715    **Saint Edith Stein**   508-588-7032

*Please register & pay at your home parish, even if your child/children will attend class at another parish.*

Family last name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mother's full Name: \_\_\_\_\_ Mother's cell/work phone: \_\_\_\_\_  
Father's full name: \_\_\_\_\_ Father's cell/work phone: \_\_\_\_\_  
Mother's maiden name: \_\_\_\_\_ Emergency  
Emergency contact: \_\_\_\_\_ contact phone: \_\_\_\_\_  
Parent email(s): \_\_\_\_\_  
Custodial parent, if different from above: \_\_\_\_\_  
Will you volunteer to help with Religious Ed?    Yes    No   Are you new to our program?    Yes    No  
Are one or both parents Roman Catholic?    Both    Mother    Father    Neither

---

---

Child's full name: \_\_\_\_\_ Grade in Sept. 2019: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ School in Sept. 2019: \_\_\_\_\_  
Sex:    Female    Male   Will attend class at (parish): \_\_\_\_\_  
Mo, Yr of Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State \_\_\_\_\_  
Mo, Yr of First Eucharist: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State \_\_\_\_\_  
Special medical, learning or physical needs: \_\_\_\_\_

---

---

Child's full name: \_\_\_\_\_ Grade in Sept. 2019: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ School in Sept. 2019: \_\_\_\_\_  
Sex:    Female    Male   Will attend class at (parish): \_\_\_\_\_  
Mo, Yr of Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State \_\_\_\_\_  
Mo, Yr of First Eucharist: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State \_\_\_\_\_  
Special medical, learning or physical needs: \_\_\_\_\_

---

---

Child's full name: \_\_\_\_\_ Grade in Sept. 2019: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ School in Sept. 2019: \_\_\_\_\_  
Sex:    Female    Male   Will attend class at (parish): \_\_\_\_\_  
Mo, Yr of Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State \_\_\_\_\_  
Mo, Yr of First Eucharist: \_\_\_\_\_ Parish: \_\_\_\_\_ City, State \_\_\_\_\_  
Special medical, learning or physical needs: \_\_\_\_\_

---

---

**Catholic Tri-Parishes of Brockton Religious Education Registration**

for the 2019-2020 School Year

Page 2 of 2

**Photograph/Video Release Consent** - please check one box and print name and sign below

- I consent to have photographs and/or video taken of my child(ren) for use by the Catholic Tri-Parishes of Brockton. I understand that any photographs/video would be used solely to illustrate activities that take place at the Catholic Tri-Parishes of Brockton.
- I do NOT give my permission to have my son(s)/daughter(s) photographed or videotaped.

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Seek Emergency Medical Attention**

By signing this section, I (we) hereby authorize the staff of the Catholic Tri-Parishes of Brockton to consent to any medical care and treatment for our child(ren) \_\_\_\_\_ that is recommended by a licensed healthcare provider to whom the child is presented for treatment. In order to ensure that the child receives prompt emergency medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If any of your children were baptized outside of the Tri-Parishes, and you have not already done so, please include a copy of each child's baptismal record with your registration (please do not send original certificates, they cannot be returned). Please call the office if you have questions. No tuition due for students in grades 1-8 who attend Catholic School.*

Tuition – Grades 1-10 - 1 child: \$100      2 children: \$135      3 or more: \$150      \$ \_\_\_\_\_

Tuition rebate – catechists (teachers) and aides only – 50% off tuition      \$ \_\_\_\_\_

Grade 10 only – Add \$30 Confirmation fee – one fee per family      \$ \_\_\_\_\_

**Total enclosed – please make check or money order payable to your parish.**      \$ \_\_\_\_\_

-- or -- **Amount paid online at [www.BrocktonCatholic.org](http://www.BrocktonCatholic.org) (name of payer: \_\_\_\_\_)**      \$ \_\_\_\_\_

**Payment in full is expected at the time of registration.** If you are unable to pay in full, **please pay a minimum of \$50** with your registration and you will be billed for the balance, due in full by December 31. *We will not turn any student away – if there is a financial hardship, please contact the parish office for assistance before classes begin.*

**Refund Policy:** if you withdraw your child prior to the 2<sup>nd</sup> class meeting, we will refund your tuition & fees in full upon receipt of a written request. Thereafter, no refunds will be made.

**Mail form & payment to your parish, or deposit in the collection basket at Mass:**

Christ the King Parish  
54 Lyman Street  
Brockton, MA 02302

Our Lady of Lourdes  
439 West Street  
Brockton, MA 02301

St. Edith Stein  
71 East Main St.  
Brockton, MA 02301

-----OFFICE USE ONLY-----

Date rec'd: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_ By: \_\_\_\_\_