Catholic Tri-Parishes of Brockton
Faith Formation Registration
for the 2020-2021 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

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Child's full name: _____ Grade in Sept. 2020: _____

Date of birth: _____ School in Sept. 2020: _____

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. 2020: _____

Date of birth: _____ School in Sept. 2020: _____

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. 2020: _____

Date of birth: _____ School in Sept. 2020: _____

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: _____

_____

Attach additional forms if registering more than 3 children

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.

COVID-19 Temporary Special Tuition Rate

Grades 1-10: 1 child: $65 2 children: $100 3 or more: $115 $ _____

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

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

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

-- or -- Amount paid online at www.BrocktonCatholic.org **$** _____

Name of payer (for online payments only): _____

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 2nd 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	Our Lady of Lourdes	St. Edith Stein
54 Lyman Street	439 West Street	71 East Main St.
Brockton, MA 02302	Brockton, MA 02301	Brockton, MA 02301

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

Date rec'd: _____ Check # _____ Amount: _____ By: _____

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