

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

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

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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:

EARLY PAYMENT DISCOUNT before 7/15/19	1 child \$85	2 children \$120	3 or more: \$135	
July 15 or later:	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 (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 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
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: _____