

**Ste. Marguerite Religious Education Registration Form 2008/2009**

**1340 Lakeview Ave. Dracut, MA. 01826**

**978-9570322 FAX # 978-957-5266**

**2008/2009**

Family information must be filled by all

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Email address \_\_\_\_\_

Fathers Name \_\_\_\_\_ Address \_\_\_\_\_ Cell # \_\_\_\_\_

Mothers name \_\_\_\_\_ Address \_\_\_\_\_ Cell # \_\_\_\_\_

Maiden Name \_\_\_\_\_

In case of emergency who should we contact? Name \_\_\_\_\_ Phone # \_\_\_\_\_

If Class is cancelled who should the teacher contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

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**New Students Information**

**Returning student: If any information has changed please update**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Grade in Sept. 2008 \_\_\_\_\_ School Attending \_\_\_\_\_

Baptism - Name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Communion -Name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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**Returning student: If any information has changed please update**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Grade in Sept. 2008 \_\_\_\_\_ School Attending \_\_\_\_\_

Baptism - Name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Communion -Name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Registration fee**

**Grades 1-3-4-5-6-7-8\*\*\* \$100.00**

**Grades 2, 9 & 10 \*\*\*\*\* \$125.00**

**Returning Students**

Name \_\_\_\_\_ Grade (2008/2009) \_\_\_\_\_ Pop Warner Y-N \_\_\_\_\_

Name \_\_\_\_\_ Grade (2008/2009) \_\_\_\_\_ Pop Warner Y-N \_\_\_\_\_

Name \_\_\_\_\_ Grade (2008/2009) \_\_\_\_\_ Pop Warner Y-N \_\_\_\_\_

Name \_\_\_\_\_ Grade (2008/2009) \_\_\_\_\_ Pop Warner Y-N \_\_\_\_\_

