

**Pope John Paul the Great Parish – Adams, MA
Religious Education Registration**

Date: _____

FAMILY INFORMATION

Mother's Full Name: _____ (maiden) _____ Phone Number: _____

Mother's Address: _____

Is Mother a Registered in the Parish of Pope John Paul the Great? Yes No

Father's Full Name: _____ Phone Number: _____

Father's Address: _____

Is Father a Registered in the Parish of Pope John Paul the Great? Yes No

STUDENT INFORMATION

Child #1 Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____ Grade: _____

Sacraments this child has received thus far (try to give at least month and year)

Baptism-Church (with address): _____ Date: _____

First Confession-Church (with address): _____ Date: _____

First Communion-Church (with address): _____ Date: _____

List any additional info. That would be helpful to our teaching staff (allergies, impairments, sensitivities, etc.)

Child #2 Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____ Grade: _____

Sacraments this child has received thus far (try to give at least month and year)

Baptism-Church (with address): _____ Date: _____

First Confession-Church (with address): _____ Date: _____

First Communion-Church (with address): _____ Date: _____

List any additional info. That would be helpful to our teaching staff (allergies, impairments, sensitivities, etc.)

In Case of Emergency whom should we call? Name: _____

Phone Number: _____

Child #3 Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____ Grade: _____

Sacraments this child has received thus far (try to give at least month and year)

Baptism-Church (with address): _____ Date: _____

First Confession-Church (with address): _____ Date: _____

First Communion-Church (with address): _____ Date: _____

List any additional info. That would be helpful to our teaching staff (allergies, impairments, sensitivities, etc.)

Child #4 Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____ Grade: _____

Sacraments this child has received thus far (try to give at least month and year)

Baptism-Church (with address): _____ Date: _____

First Confession-Church (with address): _____ Date: _____

First Communion-Church (with address): _____ Date: _____

List any additional info. That would be helpful to our teaching staff (allergies, impairments, sensitivities, etc.)

Child #5 Full Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____ Grade: _____

Sacraments this child has received thus far (try to give at least month and year)

Baptism-Church (with address): _____ Date: _____

First Confession-Church (with address): _____ Date: _____

First Communion-Church (with address): _____ Date: _____

List any additional info. That would be helpful to our teaching staff (allergies, impairments, sensitivities, etc.)

For Office Use Only

Registration Fee Paid: Yes: _____ No: _____