

Precious Blood Parish

70 Gulf Street, Milford, CT 06460 (203) 877-5874



Family Information:

Father/Guardian (First/Last): _____

Mother/Guardian (First/Last): _____

Mother Maiden Name: _____ Home Phone: _____

Mailing Address: _____

Email Address: _____

(This is the address which will be used for Religious Education email communication)

Mother/Guardian: Work# _____ Cell # _____

Father/Guardian: Work# _____ Cell# _____

Emergency Contact name: _____ Contact # _____

Child #1 :

First Name: _____ Middle: _____ Last: _____

Age: _____ Gender: _____ Birth date: _____

2017 - 2018 School Year Grade: _____ School: _____

Child #2:

First Name: _____ Middle: _____ Last: _____

Age: _____ Gender: _____ Birth date: _____

2017 - 2018 School Year Grade: _____ School: _____

Child #3:

First Name: _____ Middle: _____ Last: _____

Age: _____ Gender: _____ Birth date: _____

2017 - 2018 School Year Grade: _____ School: _____

If you are **NEW** to our Parish or registering a new student please include all dates listed below, if applicable.

SACRAMENTAL INFORMATION: List Sacraments that each child has received; include **dates and Church name, and city.** If not already on file a copy of his/her **BAPTISM is required** at time of registration. If Baptism took place at St. Mary or St. Agnes , you do not need to send certificate. **Students will not be able to start class without proof of Baptism.**

Child #1:

Baptized (date): _____ Baptismal Parish: _____

First Holy Communion (date): _____ Received at: _____

Child #2:

Baptized (date): _____ Baptismal Parish: _____

First Holy Communion (date): _____ Received at: _____

Child #3:

Baptized (date): _____ Baptismal Parish: _____

First Holy Communion (date): _____ Received at: _____

By initializing here _____ I CONSENT TO HAVING MY CHILD/CHILDREN PHOTOGRAPHED. I give my permission to Precious Blood Parish to photograph my child/children for use in its publications, on its website or other public relations material in support of its various programs.

Schedule - Please check day of choice * Please see enclosed calendar/Schedules for class dates *

St. Agnes

St. Mary

Sunday Grades 2-6 9:00—10:00 am _____

Sunday Grades 2-6 9:30—10:30 am _____

Monday Grades 2-6 5:00—6:00 pm _____

Monday Grades 2-6 5:00—6:00 pm _____

Monthly(Tuesday) Grades 7 & 8 5:00—6:30 pm _____

Monthly(Tuesday) Grades 7 & 8 5:00—6:30 pm _____

Sunday Grade 9 & 10 5:15—6:45 pm _____

Sunday Grades 9 & 10 5:15—6:45 pm _____

(Quarterly) Sunday Grade 1 ONLY 2:30—4:00 pm _____

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FEES ARE DUE UPON REGISTRATION	DUE SEPTEMBER 15, 2017
ONE CHILD	\$50.00 **
TWO CHILDREN	\$75.00
THREE OR MORE CHILDREN	\$100.00

**** If your child is receiving confirmation in October please remit the \$50.00 registration fee which includes costs of books, robes , retreat expenses etc. ****

Date paid _____	Amount _____	Cash _____	Check # _____
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