

**SAINT BRENDAN PARISH  
CATECHESIS OF THE GOOD SHEPHERD  
2018-2019 REGISTRATION**

**Children ages 2.9 - 6  
Tuesdays, 10:00am – 12:00pm  
in the Parish Hall**



Student Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Student Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Student Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Phone# 1: \_\_\_\_\_  
                    Street                      Town                      Zip

Email \_\_\_\_\_ Phone #2: \_\_\_\_\_

**\*\*Does your child have any special learning or behavioral needs? Please include any allergies or medical conditions as well\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE STRUCTURE:**

- Our family attends Mass regularly and contributes to the financial support of the parish:  
\$40.00 per child (Family Limit \$120.00)
- Our family does not attend Mass regularly and does not contribute to the financial support of the parish:  
\$50.00 per child (Family Limit \$150.00)

**Please make check payable to "St. Brendan Parish" and mail or bring registration & fee to:  
Mrs. Taryne Bakalars St. Brendan Parish Office, 384 Hartford Avenue, Bellingham, MA 02019**

Please mark here if you are interested in helping out with the program

Office Use Only	
Date Received	_____
Total Amount Paid	_____
Check Number	_____
Initials	_____

STUDENT INFORMATION FORM ~ FOR FIRST TIME REGISTRANTS

**THIS FORM MUST ALSO BE ATTACHED TO RELIGIOUS EDUCATION REIGSITRATION FORM FOR STUDENTS REGISTERING FOR THE FIRST TIME AT ST. BRENDAN PARISH**

Grade Entering: \_\_\_\_\_

Child's FULL LEGAL Name: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's FULL LEGAL Name: \_\_\_\_\_  
First Middle Last

Mother's FULL LEGAL Name: \_\_\_\_\_  
First Middle Maiden Last

Was your child baptized here at St. Brendan Church? \_\_\_\_\_ If not, where?

\_\_\_\_\_  
Name of Church Address

**\*\*\* If your child was baptized in another church, kindly send a self-addressed-stamped envelope to the church where the child was baptized requesting that they send you a record of the child's baptism. We need a COPY of the Baptismal Certificate.**

Name of Child's Godfather: \_\_\_\_\_

Name of Child's Godmother: \_\_\_\_\_