

St. Frances X. Cabrini
The Friends of St. Frances X. Cabrini, Inc.
Religious Education & Youth Group Ministry Registration
27 Hood Road, Scituate, MA 02066
 781.264.4255
 www.stfrancesxcabriniscituate.org

Family: _____ **Home Phone:** _____
Address: _____ **Cell Phone:** _____
 _____ **Work Phone:** _____
 _____ **E-mail:** _____
Emergency Contact: _____
 Custodial Parent if different from above: _____ **Emergency Number:** _____

Religious Education for kindergarten, 3rd, 4th, 5th, 6th, 7th, and 8th grades.
Classes will be held on Sunday at 11:00AM in the church.
Tuition - free will donation of \$20 per family

Student #1	Birthdate	Gender	Grade
_____	_____	_____	_____

Sacrament:	Baptism Yes__ No__	Catholic ? Yes__ No__	First Communion Yes__ No__	Penance Yes__ No__
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Special Needs: health, medical and educational needs (this information remains strictly confidential and will be only used for purposes related to assisting the Catechist as determined by the Director of Religious Education.)

Student #2	Birthdate	Gender	Grade
_____	_____	_____	_____

Sacrament:	Baptism Yes__ No__	Catholic ? Yes__ No__	First Communion Yes__ No__	Penance Yes__ No__
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Special Needs: health, medical and educational needs (this information remains strictly confidential and will be only used for purposes related to assisting the Catechist as determined by the Director of Religious Education.)

Student #3	Birthdate	Gender	Grade
_____	_____	_____	_____

Sacrament:	Baptism Yes__ No__	Catholic ? Yes__ No__	First Communion Yes__ No__	Penance Yes__ No__
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Special Needs: health, medical and educational needs (this information remains strictly confidential and will be only used for purposes related to assisting the Catechist as determined by the Director of Religious Education.)

Youth Group Ministry (ages 13 – 18)
Ministry program will entail education, social outreach and fun!
Dates and times for youth group activities to be announced.
Permission form will be required for off-site activities.
Tuition - free will donation of \$20 per family
Parent/guardian volunteers willing to provide transportation to outreach activities needed.

Student #1	Birthdate	Gender	Grade		
_____	_____	_____	_____		
Sacrament:	Baptism Yes__ No__	Catholic ? Yes__ No__	First Communion Yes__ No__	Penance Yes__ No__	Confirmation Yes__ No__

Special Needs: health, medical and educational needs (this information remains strictly confidential and will be only used for purposes related to assisting the Catechist as determined by the Director of Religious Education.)

Student #2	Birthdate	Gender	Grade		
_____	_____	_____	_____		
Sacrament:	Baptism Yes__ No__	Catholic ? Yes__ No__	First Communion Yes__ No__	Penance Yes__ No__	Confirmation Yes__ No__

Special Needs: health, medical and educational needs (this information remains strictly confidential and will be only used for purposes related to assisting the Catechist as determined by the Director of Religious Education.)

Parental/Guardian Signature

Date

Registration Fee: Amount Paid \$ _____

Check Number/Cash _____

Enrollment forms must be returned to St. Frances by August 31, 2008.

If returning by mail:
The Friends of St. Frances X. Cabrini, Inc.
P.O. Box 129
Scituate, MA 02066

Please make checks payable to The Friends of St. Frances X. Cabrini, Inc.