

Holy Family Parish

5 Main Street - Russell, MA 01071

(413) 862-4418

Director: Jo-Anne Auclair - 848-2029

Assistant: Kellye Dowd - 485-8889

Academic year: 2012-2013

Registration fee: \$15 per student to assist with the expenses of the program.

Both parents or guardians names
(if living with child(ren)): _____

Full mailing address: _____

Home telephone: _____

Emergency contact and phone
(other than home/parent): _____

Email address:

Would you be available to fill in as a substitute teacher on occasion? _____

Student's name: _____ Grade to be enrolled in: _____

Date of birth: _____ Parish Baptized at: _____

Sacraments received (check all that apply):

Baptism: ____ Reconciliation: ____ First Holy Eucharist: ____ Confirmation: ____

Does this child have any special needs, dietary restrictions, or medical or physical limitations that we should be aware of? _____

(Form continued on back to register additional child(ren))

Student's name: _____ Grade to be enrolled in: _____

Date of birth: _____ Parish Baptized at: _____

Sacraments received (check all that apply):

Baptism: ___ Reconciliation: ___ First Holy Eucharist: ___ Confirmation: _____

Does this child have any special needs, dietary restrictions, or medical or physical limitations that we should be aware of? _____

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