

St Albert The Great Parish
Religious Education Registration
 1130 Washington Street, Weymouth, MA 02189

Family Last Name: _____ Date: _____
 Father's Name: _____ Home Phone: _____
 Mother's Name: _____ Mom/Dad Work/Cell: _____
 Mother's Maiden: _____ Emergency Contact: _____
 Custodial Parent, if different from above: _____ Email: _____
 Home Address: _____
 Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <input type="checkbox"/> _____ Catholic? <input type="checkbox"/> _____ Eucharist <input type="checkbox"/> _____ Penance <input type="checkbox"/> _____ Confirmation <input type="checkbox"/> _____						
Special Needs: medical, learning disabilities, physical disabilities: _____						

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NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____