

**Saugus Catholics Collaborative
Faith Formation Registration
2021 - 2022**

Registered Parish name: _____

Parent/Guardian 1 Name: _____
First Last

Phone: _____ May we text you:
Cell Home Yes / No

Relationship to child(ren): _____

Parent/Guardian 2 Name: _____
First Last

Phone: _____ May we text you:
Cell Home Yes / No

Where should Email correspondence be sent? _____
E-mail Address

Relationship to child(ren): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Emergency Contact Information Other Than Parent Or Guardian listed above:

Full Name: _____ Phone: _____

Relationship: _____

_____ I would like to be a Catechist for Grade _____ - As a Catechist, there is no cost for child(ren)*

Other Volunteer Opportunities: _____ Co-Catechist _____ Substitute _____ Other (Special Events)

Registration Fees per child
(Family Cap of \$225)*:

Grades 1-5:
\$85.00 + \$25 Course Materials

Middle School:
\$125

Confirmation:
\$150

Upon submission of this registration form, I agree to submit a check made payable to "Saugus Catholics" and mail to 14 Summer Street, Saugus MA. If there is a financial hardship, please contact us to make arrangements.

Signature

Date

Keeping Children Safe: A Child Safety Curriculum Grades 1-5:

The Religious Education Program will participate in a safety Curriculum mandated by the Archdiocese. This program will teach the children skills that will help them keep safe from dangerous or unfamiliar situations. The program will also teach children how to ask for help when they need it. Dates to be announced.

___ Yes, I wish for my child(ren) to participate in the safety sessions.

___ No, I do not want my child(ren) to participate in the safety sessions.

Yes / No - I give permission for my child(ren) to be photographed, or their image recorded for print or electronic use. I understand it is my responsibility to update the parish in the event that I no longer wish to authorize use of photography.

Child 1 Name: _____ Grade in Sept 2021: _____

DOB: _____ Place of Birth: _____ Gender: M / F

Faith Formation Program (circle one): Grades 1-5 Grades 6-8 Confirmation

Please check all sacraments received:

Baptism First Penance First Communion Confirmation

Baptism: _____
Church Name City & State Date

First Communion: _____
Church Name City & State Date

Maiden Name of Child's Birth Mother (for sacramental records): _____

Any allergies or special needs we should be aware of: _____

Child 2 Name: _____ Grade in Sept 2021: _____

DOB: _____ Place of Birth: _____ Gender: M / F

Faith Formation Program (circle one): Grades 1-5 Grades 6-8 Confirmation

Returning Student: Y / N

Please check all sacraments received:

Baptism First Penance First Communion Confirmation

Baptism: _____
Church Name City & State Date

First Communion: _____
Church Name City & State Date

Maiden Name of Child's Birth Mother (for sacramental records): _____

Any allergies or special needs we should be aware of: _____

Child 3 Name: _____ Grade in Sept 2021: _____

DOB: _____ Place of Birth: _____ Gender: M / F

Faith Formation Program (circle one): Grades 1-5 Grades 6-8 Confirmation

Returning Student: Y / N

Please check all sacraments received:

Baptism First Penance First Communion Confirmation

Baptism: _____

Church Name

City & State

Date

First Communion: _____

Church Name

City & State

Date

Maiden Name of Child's Birth Mother (for sacramental records): _____

Any allergies or special needs we should be aware of: _____

Child 4 Name: _____ Grade in Sept 2021: _____

DOB: _____ Place of Birth: _____ Gender: M / F

Faith Formation Program (circle one): Grades 1-5 Grades 6-8 Confirmation

Returning Student: Y / N

Please check all sacraments received:

Baptism First Penance First Communion Confirmation

Baptism: _____

Church Name

City & State

Date

First Communion: _____

Church Name

City & State

Date

Maiden Name of Child's Birth Mother (for sacramental records): _____

Any allergies or special needs we should be aware of: _____

Please mail completed form with your check or cash to:

Saugus Catholics Collaborative
14 Summer Street
Saugus, MA 01906
Tel: 781-233-1040/781-233-2497