

**St. John Paul II Parish
21 Maple Street
Adams, MA 01220**

*** A COMPLETED CENSUS FORM IS REQUIRED FOR ALL NEW PARISH MEMBERS ***

**Religious Education
REGISTRATION**

Family Information: Envelope Number: _____
 Name: _____
 Street: _____ Student Mother's Maiden Name: _____
 PO Box: _____
 City/State/Zip: _____
 Phone: _____ Unlisted (Y/N): _____ Cell Phone: _____

Will assist on Special Events (Y/N) _____
 Mother Will Teach (Y/N) _____ Father Will Teach (Y/N) _____ e-Mail: _____

If you are new to the Parish and your children have not received the Sacraments of Baptism and First Communion here, copies of these certificates are needed.

| | |
|--|----------------------------------|
| Registering for grade: _____ | Emergency Information |
| First Name: _____ MI _____ Last Name: _____ M/F: _____ | Person to contact, not parents: |
| Date of Birth: _____ Parish/City _____ | Name: _____ |
| Baptism Month/Year: _____ | Phone: _____ |
| First Communion Month/Year: _____ | Relationship: _____ |
| Special Needs/Allergies: _____ | Other Contact |
| Public School Attending: _____ Grade: _____ | Name: _____ |
| Previous Religious Education _____ Grade Completed _____ | Relationship: _____ |
| | Address: _____ |
| | City, St, Zip: _____ |
| | Phone: _____ |
| | Mail Information Yes / No |

| | |
|--|----------------------------------|
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| Previous Religious Education _____ Grade Completed _____ | Relationship: _____ |
| | Address: _____ |
| | City, St, Zip: _____ |
| | Phone: _____ |
| | Mail Information Yes / No |

Office Use: Grade/Room Assigned: _____ Fee Paid: _____