



2018 – 2019 REGISTRATION FORM
St. Columba Parish Religious Education
18 Richards Avenue, Paxton MA 01612
 Rel. Ed. Office: 508-755-0601 Email: stcolumba@charter.net

FAMILY NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

CELL: _____

MOTHERS NAME: _____

FATHERS NAME: _____

Place a check mark in the box if the child has received the sacrament

Please list the name of the Church that the child has received the Sacrament

CHILDREN:	D.O.B.	BAP/CHURCH	EUCARIST/CHURCH	GRADE	H.S. GRAD YEAR	SCHOOL	TUITION

Registration Fees: \$60 per student with a family cap of \$180. There is an additional fee of \$20 for those registering in a sacramental year .
 (gr. 2 & gr. 11)

Make checks payable to St. Columba Church.

OFFICE USE ONLY: Check# _____ Date Received: _____ Amount Paid: _____ Balance Due: _____

I _____ give my consent or _____ do not give my consent to the participation of my son/daughter in interviews, the usage of quotes, the appearance of photographs, movies or video tapes during parish events for evangelization and promoting of our faith.

Parent or guardian signature: _____