

Our Lady of Good Help Church
1063 Victory Highway
Mapleville, RI 02839

Dear Parents,

Below is a Religious Education registration form for your child/children for the 2011-2012 year. I ask that you fill it out
enclose your payment of registration with this form and return it to me. The fees for registration are: **\$30.00 - first child,**
\$25.00 - second child and \$20 .00 - third child, others - free.

The dates and times of classes will be published in the church bulletin. The beginning dates for each grade are in the parent
letter. Children will receive schedule of classes on the first day of class. **Deadline for registration is Sept. 19, 2011**
Thank you for your cooperation.

God Bless You,
Pat Ducharme, DRE

PLEASE PRINT

Parents (full) Names: Father : _____

Mother: _____ Maiden: _____

Address: _____

Mailing Address (if different) _____ Zip: _____

E-mail Address: _____

Phone: _____

1) Student Name: _____ Grade in CCD _____

Name of school attending: _____ Grade in School _____

Date of Birth: _____ Baptism: Yes: _____ No: _____

Baptism Parish: _____ Date of Baptism: _____

First Confession: Yes _____ No: _____ First Communion: Yes: _____ No: _____ Parish: _____

PLEASE PRINT

Parents (full) Names: Father : _____

Mother: _____ Maiden: _____

Address: _____

Mailing Address (if different) _____ Zip: _____

E-mail Address: _____

Phone: _____

2) Student Name: _____ Grade in CCD _____

Name of school attending: _____ Grade in School _____

Date of Birth: _____ Baptism: Yes: _____ No: _____

Baptism Parish: _____ Date of Baptism: _____

First Confession: Yes _____ No: _____ First Communion: Yes: _____ No: _____ Parish: _____

PLEASE PRINT

Parents (full) Names: Father : _____

Mother: _____ Maiden: _____

Address: _____

Mailing Address (if different) _____ Zip: _____

E-mail Address: _____

Phone: _____

3) Student Name: _____ Grade in CCD _____

Name of school attending: _____ Grade in School _____

Date of Birth: _____ Baptism: Yes: _____ No: _____

Baptism Parish: _____ Date of Baptism: _____

First Confession: Yes _____ No: _____ First Communion: Yes: _____ No: _____ Parish: _____

Number of children in CCD this year: _____ **Amount Enclosed:** _____

**Please Note: We need an e-mail address for each family so that we may send notices, letters , class
cancellations and other correspondence via e-mail.**
Thank you for your cooperation.