

<b>Office Use Only:</b>		
Received on _____	Parish Soft <input type="checkbox"/>	
Ck # _____	DATE _____	AMOUNT \$ _____

**Most Blessed Sacrament Faith Formation Program**  
 11 Grove Street, Wakefield MA 01880  
 Coleen Auterio Kathy Keegan  
 781-245-4669 (Grades 1-5) 781-245-3414 (Grades 6-10)

**GRADES 1-10 Enrollment Form**  
 2016-2017 Tuition Fee (including Home School)  
Please make checks payable to Most Blessed Sacrament Parish

RECEIVED AFTER JUNE 17	RECEIVED ON OR BEFORE JUNE 17	VOLUNTEER (Catechist fee waived)
One Child \$150.00	One Child \$100.00	One Child \$50.00
Two Children \$175.00	Two Children \$125.00	Two Children \$60.00
Three or more \$185.00	Three or more \$135.00	Three or more \$70.00

*No one will be denied due to financial constraints. If you need assistance, please contact the Faith Formation office.*

Would you like to sponsor a student or a family? \_\_\_\_\_ Amount pledged (please enclose) \$ \_\_\_\_\_

**I AM INTERESTED IN VOLUNTEERING for the FAITH FORMATION PROGRAM:**

Please check all that might interest you:

- Catechist     Hall Monitor     Office Support     Substitute Catechist     Safety Instructor     Principal

FAMILY NAME \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

TELEPHONE (FAMILY) \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL (THIS WILL BE OUR PRIMARY MEANS OF COMMUNICATION) \_\_\_\_\_  
 (please print clearly)

MAILING ADDRESS \_\_\_\_\_  
 STREET CITY STATE/ZIP CODE

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
 (Please include maiden name)

**Placement in class (grades 1-10) is on a "first-come, first-served" basis pending teacher availability and available classroom space when accompanied by tuition payment. Please choose first preference.**

- Grades 1-3 Monday 3:15-4:15 PM     Grades 4-5 Monday 4:45-5:45 PM     Grade 6 Monday 6:30-7:30 PM  
 Grade 7-8 Tuesday 6:30-7:30 PM     Grade 9 Monday 6:30-7:30 PM     Grade 10 Monday 7:45-8:45 PM  
 Sunday classes for Grades 1-10 meet 10:00-11:00 AM

**STUDENTS THAT ARE PREPARING FOR FIRST HOLY COMMUNION AND CONFIRMATION**

**IMPORTANT:** Students preparing for First Communion **must include** a sealed copy of their (long form) **baptismal certificate with their registration form** if they were not baptized at Most Blessed Sacrament Parish. Students preparing for Confirmation (Grade 10) must include a sealed copy of their (long form) baptismal certificate and First Holy Communion certificate if they were not baptized and/or did not receive First Holy Communion at Most Blessed Sacrament Parish.

**PHOTO/VIDEO RELEASE:**

- I **DO NOT** give permission for unnamed photographs of my child/children to appear in the parish bulletin, parish website or slide presentations.

1. Child's Name \_\_\_\_\_ M/F \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade as of 9/2016 \_\_\_

Has your child been baptized?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Has your child received First Holy Communion?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Special situations or requests (please include any food allergies): \_\_\_\_\_  
\_\_\_\_\_

2. Child's Name \_\_\_\_\_ M/F \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade as of 9/2016 \_\_\_

Has your child been baptized?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Has your child received First Holy Communion?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Special situations or requests (please include any food allergies): \_\_\_\_\_  
\_\_\_\_\_

3. Child's Name \_\_\_\_\_ M/F \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade as of 9/2016 \_\_\_

Has your child been baptized?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Has your child received First Holy Communion?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Special situations or requests (please include any food allergies): \_\_\_\_\_  
\_\_\_\_\_

4. Child's Name \_\_\_\_\_ M/F \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade as of 9/2016 \_\_\_

Has your child been baptized?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Has your child received First Holy Communion?  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
**Please include Church, City & State**

Special situations or requests (please include any food allergies): \_\_\_\_\_  
\_\_\_\_\_