



2019-2020 BCRE New Student Information Form

This form is in addition to the **Family Registration Form** and should be filled out if you are registering a **Kindergarten** student (**optional**), a **First-Grade** student or if your student in Grades 2-10 has never attended Billerica Catholic Religious Education.

Additional Family Information ~ Please print clearly

Father (First) _____ (Last) _____ Religion _____

Mother (First) _____ (Maiden) _____ Religion _____

Other Adults in Home: _____ Role _____

_____ Role _____

In which Billerica Parish are you registered? (Circle one): **St. Andrew** **St. Mary** **St. Theresa**

If you are not yet a registered member of a Billerica Parish or not sure if you are registered, please call your Parish Office during business hours. **St. Andrew** 978-663-3624 **St. Mary** 978-663-2215 **St. Theresa** 978-663-8816

Child 1

Name _____ Date of Birth _____ M or F ____
First Middle Last

Special Needs/Allergies _____

Baptism YES NO _____
Church City, State Date

(a copy of your child's Baptismal Certificate is required at time of Registration.)

First Eucharist YES NO _____
Church City, State Date

First Reconciliation YES NO

Previous Religious Education? YES NO How Much? _____ Parish _____

Child 2

Name _____ Date of Birth _____ M or F ____
First Middle Last

Special Needs/Allergies _____

Baptism YES NO _____
Church City, State Date

(A copy of your child's Baptismal Certificate is required at time of Registration.)

First Eucharist YES NO _____
Church City, State Date

First Reconciliation YES NO

Previous Religious Education? YES NO How Much? _____ Parish _____

Child 3

Name _____ Date of Birth _____ M or F ____
First Middle Last

Special Needs/Allergies _____

Baptism YES NO _____
Church City, State Date

(a copy of your child's Baptismal Certificate is required at time of Registration.)

First Eucharist YES NO _____
Church City, State Date

First Reconciliation YES NO

Previous Religious Education? YES NO How Much? _____ Parish _____

Child 4

Name _____ Date of Birth _____ M or F ____
First Middle Last

Special Needs/Allergies _____

Baptism YES NO _____
Church City, State Date

(A copy of your child's Baptismal Certificate is required at time of Registration.)

First Eucharist YES NO _____
Church City, State Date

First Reconciliation YES NO

Previous Religious Education? YES NO How Much? _____ Parish _____