



**2017 – 2018 REGISTRATION FORM**  
**St. Columba Parish Religious Education**  
**18 Richards Avenue, Paxton MA 01612**  
 Rel. Ed. Office: 508-755-0601 Email: [stcolumba@charter.net](mailto: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	EUCCHARIST/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: \_\_\_\_\_**