



**FAMILY REGISTRATION FORM
ST. GABRIEL THE ARCHANGEL RELIGIOUS EDUCATION**

151 Mendon St.
Upton, Ma. 01568
Tel. 508-603-1430
scaron@stgabrielma.org

FAMILY NAME _____ PHONE _____
ADDRESS _____

FATHER'S NAME _____

MOTHER'S NAME _____

EMAIL ADDRESS _____

NAMES OF STUDENTS BEING REGISTERED

NAME	GRADE (2018-19)	DATE OF BIRTH

A child participating in NEW BEGINNINGS should also be listed. (No fee)

If your child has an allergy or is on medication that we should be aware of, please indicate:

If there is anything your child's teacher should know to make your child more comfortable in class, please indicate here. _____

Baptismal certificates should be provided for students entering the Eucharist or Confirmation programs, if NOT baptized at the former Holy Angels or St. Michael's Parishes.

Contact Person (if parents cannot be reached) in case of emergency:

NAME _____ PHONE _____

Please see our website for the current Registration Fees.

Make check payable to: **St. Gabriel Parish**

Teachers who volunteer to teach here at St. Gabriel's can waive the fee. This does not apply to home classes.

Please contact us if the registration fee is a financial problem.

For additional Religious Education. Information go to: www.stgabrielma.org