

157 Middleboro Road
East Freetown, MA 02717

508-763-8122
sjnreled@sjnfreetown.org

Date Received

REGISTRATION FOR RETURNING FAMILIES

Please print names of children returning

1.	_____	_____	_____	_____
	Last Name	First Name	Middle Name	Date of Birth
	_____			_____
	School attending			Grade
2	_____	_____	_____	_____
	Last Name	First Name	Middle Name	Date of Birth
	_____			_____
	School Attending			Grade
3.	_____	_____	_____	_____
	Last Name	First Name	Middle Name	Date of Birth
	_____			_____
	School Attending			Grade

Please tell us which day of the week you prefer your children to attend classes.
Please note: Preferences are given in the order which registrations are received.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

PARENT/GUARDIAN MAILING AND CONTACT INFORMATION:

Mr., Mrs., Mr.& Mrs., Ms.

Street/P.O. Box

City State Zip Code

Home Phone Cell Phone email*

Father's work number Mother's work number

EMERGENCY INFORMATION:

In an emergency, if parent or guardian cannot be reached, please notify:

Name _____ Telephone _____

Registration for first graders is on the back of this form. All new students must provide copies of baptism certificates if they have not been baptized at St. John Neumann Parish. A child will be unable to start faith formation without one.

Please note on the back any allergies or special needs for your child/children that we should be aware of. (This information will be kept confidential.) It is important that this information is updated annually.

Is there anyone that should not be picking up your child? Yes No

* This is our primary and most efficient method of communication. It's important that we have your email.

