



The Blue Hills Collaborative

20 Como Road, Readville MA 02136

2020-2021 Faith Formation Registration Form

Child Information

CHILD's FULL Name: _____

Address: _____

City/State/Zip: _____

Child lives with: _____

Gender: Female Male Birthdate (mm/dd/yyyy): _____

Grade in September 2020: K 1 2 3 4 5 6 7 8 9 10 11 12

Name of school _____

Baptized: Yes No | *If Yes, Year:* _____ *Church/City/State:* _____

First Communion: Yes No | *If Yes, Year:* _____ *Church/City/State:* _____

Mother's Maiden Name (needed for Sacramental Registers): _____

Primary Adult Information

ADULT Full Name: _____

Address: _____

same as child (no need to fill in address)

City/State/Zip: _____

(M)obile #: _____ (H)ome #: _____ Preference: M H

Email: _____

Parish Registered/Attended Most Often: MPB St. Anne St Pius X None of These

The Catholic Parishes of Most Precious Blood, Hyde Park, St. Anne, Readville, and
St. Pius X, Milton

Tel: 857.342.9500 • Fax: 617.361.8021 • www.bluehillscollaborative.org

Second Adult Information

SECOND ADULT Full Name: _____

Address: _____

same as child (no need to fill in address)

City/State/Zip: _____

Best number to reach him/her: _____ Another number: _____

Email: _____

Child's Medical Information

Does your child have any special needs, e.g. medication, allergies, etc.? No Yes

If yes, please describe the procedure to follow if there is an emergency: _____

Is your child enrolled in special education classes or have a learning disability or physical handicap?

No Yes. If yes, please explain: _____

Are there any delicate family circumstances that we should know, e.g. parents divorced or separated?

No Yes. If yes, please explain: _____

Photo Release Statement: I grant to the parishes of the Blue Hill Collaborative (BHC), its representatives and employees the right to take photographs of my child and his/her property in connection with Faith Formation classes/events in which he/she is participating. I authorize the BHC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the BHC may use such photographs of my child with or without his/her name and for any lawful purpose, including but not limited to, such purposes as publicity, illustration, advertising and Web content. This permission extends to all my children registered this year.

I have read and understand the above photo release statement.

Tuition/Payment

- Faith formation fee for one child/teen, Kindergarten – Grade 11: \$60.00 \$ _____
- Faith formation fee for 3 or more in one family, Kindergarten - Grade 11: \$150.00 \$ _____

Total: \$

Payment accompanies this form

Please make checks payable to the BLUE HILLS CATHOLIC COLLABORATIVE.

Signature

Date

PRINT Name