



Mary, Mother of Mercy Parish
500 Greentree Rd., Glassboro, NJ 08028
856-881-0909 Fax: 856-881-5457



Program Coordinator: Shannon A. Cassidy
scassidyogs@gmail.com

Registration 2019 – 2020

Registration Fee: \$125 for first child and \$75 for each additional child. An additional \$70 fee is required for students receiving a sacrament. If a family is using an approved home curriculum, the fee is \$60 for first child and \$30 for each additional child.

Student Name: _____ Grade: 1 2 3 4 5 (Circle one)

Mailing Address: _____ Gender: M F (Circle one)

Date of Birth: _____ Ethnicity _____

Special Needs: _____
(Medical, Learning, Allergies, Physical, Behavioral, etc.)

Place of Baptism: _____ (If not at Mary, Mother of Mercy, please attach your child's Baptismal Certificate. A sealed Baptismal Certificate must be obtained from church of Baptism.)

Sacraments Rec'd/ Date: _____ Baptism _____ Reconcil./Eucharist _____ Confirmation _____

PARENT INFORMATION

Parent(s)/Guardian(s) Name(s): _____

Email: _____ Phone: (H) _____ (C) _____

Homeschooling Program (All programs must be USCCB approved)

Parish Book _____ **Seton Home Study** _____ **Other** _____

Enrolling in this Life-long Faith Formation program constitutes a Covenant with God and Mary, Mother of Mercy Parish, that I will fully participate in ALL aspects of the program including attending Mass. I also promise to satisfy financially all fees involved in implementing this program. (Note: No one will be deprived of formation based on the inability to pay.) Failure to meet the terms stated will require a conversation with the Pastor to continue participation.

Parent(s)/Guardian(s) Signature

Date

Permission to Photograph: I grant to Mary, Mother of Mercy Parish, the right to take photographs of my child and our family during faith formation activities and parish events. I authorize Mary, Mother of Mercy Parish, to publish the same in print and/or electronically.

Parent(s)/Guardian(s) Signature

Date

Office Use Only

Paid in Full: _____ Date Received: _____ Received by: (Initials) _____

Balance Due: _____ Hardship: YES or NO **Additional Children** _____