



SAINT ADELAIDE PARISH

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Peabody, MA 01960

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Website: www.saintadelaide.com

2026-2027 RELIGIOUS EDUCATION PROGRAM STATEMENT AND RENEWAL INFORMATION FORM

Family Last Name: _____

Mother: _____ Father: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please list Student(s)/Grade(s) entering in the Fall.

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Tuition is \$150.00 per family per academic year.

_____ We have paid our tuition online.

_____ We have attached our tuition payment.

_____ We are unable to pay now.

Please indicate any special needs (learning, medical, food allergies) or other information relevant to your child/children.

