



Sacramento Records _____
ParishSoft _____
Email _____

Date Received _____
Amount Rec'd _____ Check # _____

Beverly Catholic Collaborative Religious Education Program 2026 - 2027

Registration Form

Grades 1-7

Part I-Contact Information Please email form to reled@beverlycatholic.com or mail completed form to Collaborative office.

Father's **Full** Name _____ Religion _____

Mother's **Full** Name _____ Religion _____

Mother's **Maiden** Name _____ (Required for church record keeping)

Father's Name & Address for Mailing _____

Mother's Name & Address for Mailing _____

Home Phone _____

Cell Phone: Father _____

Cell Phone: Mother _____

Parent's Email Address 1 _____ 2 _____

In an emergency, if I cannot be reached at home or on my cell contact:

Name _____ Phone _____

Please check ____ here if you are registering your family for the first time.

Part II- Student Information

First Child's Full Name _____ Gender: M F

DOB _____ Religious Education grade 2026 - 2027 _____ School grade 2026 - 2027 _____

Date of Baptism _____ Church of Baptism/City/State _____

My child has received First Eucharist Yes / No

Special Needs (learning disabilities, allergies etc.) _____

Second Child's Full Name _____ Gender: M F

DOB _____ Religious Education grade 2026 - 2027 _____ School grade 2026 - 2027 _____

Date of Baptism _____ Church of Baptism _____

My child has received First Eucharist Yes / No

Special Needs (learning disabilities, allergies etc.) _____

Third Child's Full Name _____ Gender: M F

DOB _____ Religious Education grade 2026 - 2027 _____ School grade 2026 - 2027 _____

Date of Baptism _____ Church of Baptism _____

My child has received First Eucharist Yes / No

Special Needs (learning disabilities, allergies etc.) _____

Tuition: \$125.00/ one child
\$225.00/two children
\$300.00/ family max
50% discount for catechists, classroom aides, and hall monitors

If you need to make arrangements for payment, select: **Payment Plan:** _____ monthly, _____ quarterly, _____, Scholarship _____

Make checks payable to: whichever parish you are registering in for Religious Education. Please select the parish.

____ St John Church

____ St Margaret Parish

____ St Mary Star of the Sea

Mail a copy of registration form with payment to: Beverly
Catholic Collaborative Office (978-922-5542) Attn: Religious
Education
552 Cabot Street
Beverly, MA 01915

*** Please do not make
checks payable to
Beverly Catholic
Collaborative ***

Select your Class time preference: Classes to be held at **St Mary Convent** 15 Chapman St. for St John and St Mary families
____ St John Church and St Mary Church Grades 1-7 Sundays 9:00 AM - 10:00 AM in person - St Mary Convent
____ St John Church and St Mary Church Grades 1-4 Wednesdays 3:30 PM - 4:30 PM via Zoom
____ St John Church and St Mary Church Grades 5-7 Wednesdays 5:00 PM - 6:00 PM via Zoom
____ St Margaret Church Grades 1-7 Sundays 9:45 AM – 10:45 AM/11:00 AM in person - St Margaret Rectory
____ Homeschool Grades 1-7 Suggested textbook fee: \$25

Photo/Video release: Please understand that your child(ren) may be recorded (Zoom) / photographed / videotaped during Religious Education activities for use in parish presentations and promotional material.

Please initial your wishes: _____ I give permission / _____ I do not give permission for my child to be photographed or videotaped during religious education activities.

Volunteering: Please consider volunteering in the Religious Education program as one of the following. If interested check below: _____ Catechist _____ Classroom Aide _____ Hall Monitor for in-person classes

Signature: As a legal parent/guardian I confirm that I have read, understand and answered all of the information on this form honestly and accurately to the best of my ability.

Parent Signature _____ Date _____