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***CATHOLIC COMMUNITY OF NORTH ATTLEBOROUGH
 PARISHES OF SAINT MARK, SACRED HEART AND SAINT MARY
 OFFICE OF FAITH FORMATION
 ENROLLMENT FORM 2019 -2020***

Student Name: _____ Gender: M or F
 First Middle Last

Date of Birth _____ City/State of Birth _____

Address: _____
 Street City/Town State Zip

Telephone#: _____ Emergency or Cell Phone #: _____

Parent E-Mail Address: _____
 (Please print clearly)

Grade Fall 2019: _____

Father's Name: _____ Mother's Name: _____
 (Please list first, maiden, and last)

If the child lives with one parent, which one? _____

Baptism: _____
 Date Church City, State

First Eucharist: _____
 Date Church City, State