



Cardinal Cushing Centers

Dear Parent:

I'm Marilyn Zedik, Campus Minister, for Cardinal Cushing Centers. The enclosed is a religious preference form for your review and signature; but I'd like you to also know a little about the Campus Ministry Department that serves for the Braintree and Hanover Schools.

It is my privilege to work and collaborate with all other members of the staff at these schools who try to give each of our students the opportunity to develop their full potential based on their abilities and interests.

As for my part, I'm here to help your child develop spiritually by providing various programs based on their individual faith backgrounds, as well as to provide them the opportunity to learn about their fellow student's celebration of faith. We realize and respect that as parents, you are the first and foremost teachers in these matters. We are here only to enhance their individual faith formation, while helping them through a variety of programs so they come to appreciate the diversity of celebrations and worship of others. This is our goal and we both need your support and extend our support to you, as well as your child.

Please review the form to help give us an indication on how we can best serve your child and call 781-829-1228 if we can serve you.

Blessings to you and yours,

Marilyn Zedik
Campus Minister.

RELIGIOUS PREFERENCE FORM

Student Name _____ DOB: _____

Address _____ Phone Number _____

It is necessary that we have the opinion and consent of the parent/guardian of each student to participate in a Religious Education Program including Masses and Inter-faith Services. Please give or withhold permission by signing one of the spaces below.

I CONSENT TO HAVING MY CHILD PARTICIPATE IN A RELIGIOUS EDUCATION PROGRAM:

Parent/Guardian Signature

I CONSENT TO MY CHILD ATTENDING CATHOLIC MASSES:

Parent/Guardian Signature

I CONSENT TO MY CHILD ATTENDING INTERFAITH SERVICES:

Parent/Guardian Signature

I DO NOT CONSENT TO MY CHILD ATTENDING ANY RELIGIOUS EDUCATION PROGRAM:

Parent/Guardian Signature

I DO NOT CONSENT TO MY CHILD ATTENDING ANY CATHOLIC MASSES OR INTERFAITH SERVICES:

Parent/Guardian Signature

Please indicate your child's religious denomination by checking the appropriate space.

Baptist	_____	Jewish	_____
Catholic	_____	Lutheran	_____
Christian Science	_____	Methodist	_____
Church of Christ	_____	Presbyterian	_____
Congregational	_____	Unitarian—Universalistic	_____
Episcopal	_____	Muslim	_____

If your child is Catholic, please indicate below if you would like him/her to participate in the Sacramental Preparation Program for any of the sacraments listed. *

Baptism Penance Communion Confirmation

My child has received:

Baptism Penance Communion Confirmation

* BAPTISMAL CERTIFICATES MUST BE PROVIDED

BAPTISMAL CERTIFICATE ENCLOSED: YES _____ NO _____