

IN-PERSON or MAILED REGISTRATION FORM

St. Denis Religious Education

P.O. Box 1139, Hopewell Jct., New York 12533

Email: stdenisre@stdenischurch.org

Phone: **(845) 227-3949**



Today's Date: _____

Family Name: _____

Street Address: _____

City & State: _____ Zip: _____

Home Phone: _____ Parish Envelope #: _____

Email: _____

Custodial Parent: _____

Biological Father's Name: _____

Cell Phone: _____

Work Phone: _____

Religion: _____ Marital Status: _____

Biological Mother's Name: _____

Biological Mother's Maiden Name: _____

Cell Phone: _____

Work Phone: _____

Religion: _____ Marital Status: _____

Legal Guardian, if not biological parents (must show legal papers) Y N

Name: _____ Relationship to child: _____

Address: _____ City, State: _____ Phone: _____

In case of Emergency, Person to Contact if Parent/Legal Guardian cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Address: _____ City, State: _____

Doctor of Emergency: _____ Phone: _____

Address: _____ City, State: _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent /Guardian Signature: _____ Date: _____

St. Denis Religious Education Handbook –

I have read and agree to abide by its policies. (*Agreement is required for student attendance*). Yes

Media Release Consent: Having read the Media Release. I grant permission for picture-taking of my child during activities and celebrations at St. Denis with the understanding that my child's name will never be published without expressed legal parental or guardian permission.

Yes No

Volunteer Information - I am interested in volunteering:

- Teacher Teaching Assistant Substitute Teacher Office Assistant Fundraising

TUITION: \$175 for 1 child / \$115 each Additional

(2 CHILDREN = \$290 / 3 CHILDREN = \$405 / 4 CHILDREN = \$520)
Registrations will not be processed without payment.

REGISTRATION & PAYMENT OPTIONS:

1. Mail this registration form along with tuition check to:
St. Denis Religious Education, P.O. Box 1139, Hopewell Junction, NY 12533
2. OR Stop in the office to make a payment.

CLASSES

Grades 1, 2, 3, 4, 5, 6: (choose your day)

OFFERED:

Classes will be In-person every week

4:30pm-6:00pm

Monday, Wednesday, or Thursday

Grades 7 and 8:

(choose your day) Classes will be hybrid.

In-person one week, home assignment next week

9:30am-11:30am

Saturday

6:30pm-8:30pm

Wednesday

#1 Child's First Name: _____ Middle Name: _____ Last Name: _____

School Attending: _____ Grade in Sept.: _____ Sex: _____

Health Problems/Learning Disabilities/Allergies: _____

Date of Birth: _____ **Place of Birth:** _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.

Religious Education Class **1ST Choice:** _____

Grade: _____ **2ND Choice:** _____

#2 Child's First Name: _____ Middle Name: _____ Last Name: _____

School Attending: _____ Grade in Sept.: _____ Sex: _____

Health Problems/Learning Disabilities/Allergies: _____

Date of Birth: _____ **Place of Birth:** _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.

Religious Education Class **1ST Choice:** _____

Grade: _____ **2ND Choice:** _____

#3 Child's First Name: _____ Middle Name: _____ Last Name: _____

School Attending: _____ Grade in Sept.: _____ Sex: _____

Health Problems/Learning Disabilities/Allergies: _____

Date of Birth: _____ **Place of Birth:** _____

MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.

Religious Education Class **1ST Choice:** _____

Grade: _____ **2ND Choice:** _____