

**ST. MARY OF THE SNOW, ST. JOSEPH & St. JOHN THE EVANGELIST  
RELIGIOUS EDUCATION  
36 Cedar Street, Saugerties, NY 12477**

For Office Use Only

Date Rec'd \_\_\_\_\_  
Payment Rec'd  
\$ \_\_\_\_\_

**2021 – 2022 REGISTRATION FOR GRADES 1 – 8**

Classes offered on **Wednesday for Grades 1 – 6** from 6:00 – 7:30 pm  
Classes for Grades 7 & 8 will be schedules separately

Registered Parishioner at \_\_\_\_\_ Church

*Our Religious Education program expects attendance at Mass every weekend and all Holy Days of Obligation by the child and at least one parent. I am aware of and agree to abide by this Mass attendance policy.*

Required parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Family Information**

Father's Name \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's First and **Maiden** Name \_\_\_\_\_ Religion: \_\_\_\_\_

Mailing address \_\_\_\_\_

Family email(PRINT CLEARLY) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

The child(ren) live with: both parents Mom Dad Other \_\_\_\_\_

If parents do not live together but custody is shared, mailings will be sent to both addresses.

If one parent/guardian has full custody, please provide copies of custody papers. This helps us clarify who is eligible to make decisions about the child(ren)'s religious education.

Second mailing address \_\_\_\_\_

Second parent email (only if parents do not live together) \_\_\_\_\_

**Emergency Contact** (person to be contacted in parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell/work phone \_\_\_\_\_

**Names of adults (18 and older) in addition to parent/guardian who are allowed to pick up your child(ren):**

**Parent/Student Handbook – located online**

Our family agrees to abide by all standards of behavior, attendance policies, and other rules set forth by the handbook. We understand that the handbook will be located on the Religious Education website and will be provided to me in writing upon request.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release**

Child(ren)'s Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In case of illness or accident, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact the 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/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Information:**

**STUDENT NAME** \_\_\_\_\_

Birthdate \_\_\_\_\_ Born in what city \_\_\_\_\_ Age \_\_\_\_\_

Elementary School \_\_\_\_\_ Grade 2021-2022 \_\_\_\_\_

**LAST YEAR/GRADE OF RELIGIOUS EDUCATION COMPLETED:** \_\_\_\_\_

**Allergies, special health, or learning concerns we should be aware of:**

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 <sup>st</sup> Reconciliation			
1 <sup>st</sup> Communion			

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<b>1<sup>st</sup> Communion</b>			

**\*\*\*FOR RETURNING STUDENTS – THIS YEAR ONLY\*\*\***

\_\_\_\_\_ I would like my child(ren) to repeat the grade(s) from 2020-2021.

\_\_\_\_\_ I would like my child(ren) to advance this year. I agree to review the “catch-up packet/book” with my child(ren) and have them complete any work/review that may be requested either written or online.

\_\_\_\_\_  
Parent Signature

**Media Authorization and Release**

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of my child or children of whom I am the designated guardian.

\_\_\_\_\_  
*Name(s) of Child(ren)*

by St. Mary of the Snow, St. Joseph and St. John the Evangelist Parish, the Archdiocese of New York and its parents, affiliates, trustee, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish"). I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts. I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my child/children by the parish, I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of action, loss, liability, damage or cost arising from this authorization.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**PARENTAL PARTICIPATION**

Our Religious Education Program and Parish rely on volunteers. It is required that each family volunteer in some way during the year in the Religious Education Program / Parish. **Minimum participation is 1.5 hours volunteer time and 1 shift at the Annual Church Bazaar held in June.** Listed below are some opportunities for participation, *(failure to meet this commitment will result in an assessment of \$20)*. Please check off any volunteer opportunities you may be interested in.

**Classroom Instruction:**

\_\_\_\_ Catechist (teacher)      \_\_\_\_ Catechist Assistant (teacher/helper)      \_\_\_\_ Substitute Catechist

\_\_\_\_ one-to-one help with student tutoring      \_\_\_\_ Hall monitor / dismissal helper

\_\_\_\_ Church Bazaar help in June: set up / cleanup

\_\_\_\_ Church Bazaar help in June: working at a booth

\_\_\_\_ Basket Bingo

\_\_\_\_ Apple Pie making

\_\_\_\_ Garlic Festival

**NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_