

Church of St. Patrick
Religious Education Registration and Emergency Information Form

Registration Year: 2019/2020

P.O. Box 6, 29 Cox Ave., Armonk, NY 10504 (914) 273-8226

Please complete both pages

Family Last Name: _____

Date: _____

Home Address: _____

Mailing Salutation _____
 (i.e. Mr. & Mrs. Smith , Smith Family etc.

Primary Email: _____

Father's Name: _____

Dad's cell / work phone: _____ / _____

Father's Email: _____

Mother's Name: _____

Mom's cell / work phone: _____ / _____

Mom's Email: _____

Father's Religion: _____

Mother's Religion: _____

Emails will be used for most school communications.
Text Mesages will be used for time critical notifications
eg weather related class or event cancellations.
Check those contacts to be included in system.

Mother	Cell #	Yes	No
	Email	Yes	No
Father	Cell #	Yes	No
	Email	Yes	No
Primary	Email	Yes	No

Emergency Contact Information: (include area code)

Phone 1: Emergency _____

Phone 2: Work or Cell _____

Phone 3: Home _____

Name and Relationship of Contact:

Medical Information

Doctor's Name: _____

Doctor's Phone: _____

Hospital Preference: _____

Notes:

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:** _____

Office Use Only

Tuition due: \$ _____

Tuition Pd: \$ _____

Check # _____

Deposit ID _____

Date Paid _____

Church of St. Patrick
Religious Education Registration and Emergency Information Form

Registration Year: 2018/2019

P.O. Box 6, 29 Cox Ave., Armonk, NY 10504 (914) 273-8226

Please complete both pages

Child	Birthdate	Sex	Grade	Session 1st choice	Session 2nd choice
-------	-----------	-----	-------	--------------------	--------------------

Special Needs (medical, learning disabilities, physical disabilities, allergies):

First time Students: Please enclose Baptismal Certificate if baptised at other than St. Patrick in Armonk

Baptism Date: _____	Church where Baptised: _____
First Communion Date: _____	Church Sacrament received: _____
First Reconciliation Date: _____	Church Sacrament received: _____

Child	Birthdate	Sex	Grade	Session 1st choice	Session 2nd choice
-------	-----------	-----	-------	--------------------	--------------------

Special Needs (medical, learning disabilities, physical disabilities, allergies):

First time Students: Please enclose Baptismal Certificate if baptised at other than St. Patrick in Armonk

Baptism Date: _____	Church where Baptised: _____
First Communion Date: _____	Church Sacrament received: _____
First Reconciliation Date: _____	Church Sacrament received: _____

Child	Birthdate	Sex	Grade	Session 1st choice	Session 2nd choice
-------	-----------	-----	-------	--------------------	--------------------

Special Needs (medical, learning disabilities, physical disabilities, allergies):

First time Students: Please enclose Baptismal Certificate if baptised at other than St. Patrick in Armonk

Baptism Date: _____	Church where Baptised: _____
First Communion Date: _____	Church Sacrament received: _____
First Reconciliation Date: _____	Church Sacrament Received: _____

Please update carefully, use another page if needed

I have read and agreed to the attendance and volunteer policies as stated in the registration materials.

Signature: _____

Forms and Payment <u>RECEIVED</u> by:	Tuition Due \$ _____
June - Aug 31: \$250 per child. Max \$650 per Family	Sacramental Fees Due \$ _____
Sept 1 or later : \$280 per child. Max \$740 per Family	TOTAL PAYMENT DUE \$ _____

Sacramental Fees for First Holy Communion and Confirmation students:

\$50 per child IN ADDITION to Tuition

Contact the office for payment options. Scholarships available in case of severe financial need.

Office Use Only		Check # _____	Deposit ID _____
Tuition due: \$ _____	Tuition Pd: \$ _____	Date Rcvd _____	Date Paid _____