

Family Name _____ Email address _____
 Complete Address _____ Phone _____

| Child's Name _____ | Rel Ed Level in Sept. _____ | First Choice Day and Time _____ | Second Choice Day and Time _____ |
|--------------------|--------------------------------|------------------------------------|-------------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

FEES (must accompany Registration Form) **Supplemental Fees** (depending on student's level)

- | | | | | | |
|-------------------------|----------|-------|---|-------|-------|
| 1) Tuition - one child | \$100.00 | _____ | First Reconciliation (Level 2) | 25.00 | _____ |
| two children | 115.00 | _____ | First Eucharist (Levels 2 & 3) | 25.00 | _____ |
| three or more | 130.00 | _____ | Confirmation fee (Level 9, all inclusive) | 75.00 | _____ |
| | | | if only child in program) | | |
| 2) Book Fee (per child) | 25.00 | _____ | | | |

TOTAL _____ .00 Cash _____ Check no. _____ Please make payable to: Holy Name of Mary - Assumption
in memo: Religious Education.

*I understand that the use of weekly offertory envelopes at Mass (donation not required) is mandatory year-round; reports to Pastor as requested.

SPECIAL NEEDS OF CHILD (ex., hearing, vision, ADD, ADHD): _____

In the event of an emergency, I give permission for my child to receive medical treatment.

Signature of Parent or Guardian _____

VOLUNTEER: Please fill in
CATECHIST _____ **ASSISTANT** _____ **BAKING** _____
 Level/Day/Time _____ Level/Day/Time _____ (occasionally)

FIRST-TIME REGISTRANTS ONLY: Please complete the following **and attach a copy of Baptismal Certificate(s)** (Fill out this section only if this is your child's first year with us)

| | CHILD #1 | CHILD #2 | CHILD #3 |
|----------------------------|----------|----------|----------|
| Name of Child | _____ | _____ | _____ |
| Child's Date of Birth | _____ | _____ | _____ |
| Child's City of Birth | _____ | _____ | _____ |
| Birth Father's Name | _____ | _____ | _____ |
| Birth Father's Religion | _____ | _____ | _____ |
| Birth Mother's Maiden Name | _____ | _____ | _____ |
| Birth Mother's Religion | _____ | _____ | _____ |
| Public School attending | _____ | _____ | _____ |
| Date of Baptism | _____ | _____ | _____ |
| Church of Baptism | _____ | _____ | _____ |
| Date of First Communion | _____ | _____ | _____ |
| Church of 1st Communion | _____ | _____ | _____ |
| Year of First Penance | _____ | _____ | _____ |
| Church of First Penance | _____ | _____ | _____ |

Religious Education Office
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 (845) 457-1738