

Church of the Holy Spirit Religious Education

Registration 2021-22

1969 Crompond Road, Cortlandt Manor, NY 10567-4113 914-734-9243

re_holyspiritchurch1969@verizon.net

Family Last Name _____

Primary E-Mail for Communication _____

Primary Phone Number for Communication _____

Address _____

Street Address (if different) _____

City _____ State _____ Zip Code _____

Every family should be registered with a Parish. If you are not already registered at Holy Spirit, would you like us to mail you the Parish Registration Form? _____

Father _____

Father's Religion _____ Father's E-Mail _____

Father's Cell Phone _____ Father's Home Phone _____

Mother _____ Maiden Name _____

Mother's Religion _____ Mother's E-Mail _____

Mother's Cell Phone _____ Mother's Home Phone _____

Emergency Contact _____ Phone Number _____

1st Child's Full Name _____

Gender _____ Date of Birth _____ Child lives with _____

Grade September 2021 _____ School September 2021 _____

Please let us know about any learning needs (ie: ADHD or learning accommodations) and/or any medical conditions/allergies so we can best work with your child _____

Check which Sacraments have been received: Baptism _____ First Penance _____ First Communion _____

2nd Child's Full Name _____

Gender _____ Date of Birth _____ Child lives with _____

Grade September 2021 _____ School September 2021 _____

Please let us know about any learning needs (ie: ADHD or learning accommodations) and/or any medical conditions/allergies so we can best work with your child _____

Check which Sacraments have been received: Baptism _____ First Penance _____ First Communion _____

3rd Child's Full Name _____

Gender _____ Date of Birth _____ Child lives with _____

Grade September 2021 _____ School September 2021 _____

Please let us know about any learning needs (ie: ADHD or learning accommodations) and/or any medical conditions/allergies so we can best work with your child _____

Check which Sacraments have been received: Baptism _____ First Penance _____ First Communion _____

To register additional children, please download an additional registration form at www.holyspirit-cortlandtmanor.org.

Please check which session you would prefer, noting first, second and third choices.

| Session | First Choice | Second Choice | Third Choice |
|------------------------|--------------|---------------|--------------|
| Tuesday 4:30 to 5:45 | | | |
| Tuesday 6:30 to 7:45 | | | |
| Wednesday 4:30 to 5:45 | | | |
| Wednesday 6:30 to 7:45 | | | |
| Thursday 4:30 to 5:45 | | | |

Fees for the 2021-22 Year

Fees must be paid at time of registration. You may make your payment by check made payable to Church of the Holy Spirit, cash or electronically through our Website: www.holyspirit-cortlandtmanor.org.

Register before June 30, 2021 and save \$25!

Early Registration Fee (before June 30): \$225 for the first child; \$300 for two children; \$375 for three or more children

Registration Fee after July 1: \$250 for the first child; \$325 for two children; \$400 for three or more children

Sacramental Fees (due the year the child is receiving the Sacrament):

First Penance and First Communion \$50 (second grade); Confirmation \$100 (eighth grade)

Media Release: We may take photographs during classroom time or group activities. These photos may be used for the Parish website, posted in the PAC, etc.

Do you give permission to take photos? Yes _____ No _____

Please consider using your talents and gifts to serve in our Religious Education Program:

I/We would like to volunteer in the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Pray for our Religious Ed Program | <input type="checkbox"/> Help with hospitality, grade-level breakfasts |
| <input type="checkbox"/> Catechist (Teacher) | <input type="checkbox"/> Donate supplies |
| <input type="checkbox"/> Catechist Assistant | <input type="checkbox"/> Help plan family events |
| <input type="checkbox"/> Substitute Catechist | <input type="checkbox"/> Help in the office |
| <input type="checkbox"/> Work one-on-one with a child | |
| <input type="checkbox"/> Children’s Liturgy | |

| |
|---|
| Office Use: No _____ Date _____ Amt Due _____ Amt Paid _____ Check No _____ |
| Other _____ Class List _____ PS _____ Sac Prep _____ EM _____ |