

**2020-2021 St. Columba's Religious Education Program**

**29 High Street, Chester, NY 10918 ~ 845-469-9503**

Please fill out application carefully, completing both sides!

1 child \$175 ~ 2 children \$215. ~ 3 or more \$ 240

**\* Sacramental Fee First Penance and First Holy Communion \$30 \* Confirmation \$80**

**\*\* \$50.00 deposit for Confirmation Boot Camp is required by 4/26/20 \*\***

**Sunday (9:15AM – 10:15AM) – K, 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup>**

**Monday (4:30PM – 5:30PM) -4<sup>th</sup> Grade Tuesday(4:30PM – 5:30PM) – 5<sup>th</sup> & 6<sup>th</sup> Grades**

**Wednesday (6PM – 7PM) – 7<sup>th</sup> & 8<sup>th</sup> Grades**

**Registration Form 2020/2021**

Child's Full Name as on Baptismal Certificate \_\_\_\_\_

Was Child baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ \*\* Copy of Baptismal Certificate Attached \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Name of school attending \_\_\_\_\_

School Grade this September \_\_\_\_\_ Religion Grade Level \_\_\_\_\_

Address \_\_\_\_\_

(Street) (city) (state) (zip)

email address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Living With:** Please check appropriate line

\_\_\_ Both Parents \_\_\_ Mother only \_\_\_ Father only \_\_\_ Mother/Stepfather \_\_\_ Father/Stepmother

**Check Only if applicable:**

\_\_\_ Custody Papers \_\_\_ Guardianship papers \_\_\_ Restraining Order

**Learning Disability(Remains Confidential)** \_\_\_\_\_

**Special Medical Condition/Medications:** \_\_\_\_\_

Does Child have Allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

List Allergies: \_\_\_\_\_

Course of action to be followed if allergy presents an emergency condition:

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**Parent and Director of Religious Education agree on the following course of action:**

What medication will be administered? \_\_\_\_\_

Who will administer medication? Name of Person \_\_\_\_\_ Role \_\_\_\_\_

Where will this medication be kept so as to be readily available? \_\_\_\_\_

**Whenever emergency medication is administered, "911" will be called without exception!**

PARENT/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Religious Education Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**In Case of Emergency: (Give contact information specific to time of Religious Education)**

Emergency Contact: \_\_\_\_\_ Relation to Child \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the Parish Catechetical Program contact me. I understand that in the event of an emergency where the parent/guardian or emergency contact cannot be reached, member of the staff of St. Columba's have the authority to take my child/children from the building to seek medical assistance. 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**

**Photo Release:** The St. Columba Religious Education Program has my permission to release pictures of my child for use in the newspaper, the Parish bulletin or display within the buildings of St. Columba.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_ Please register my cell phone on Flock Notes.

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**Office Only:** Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

Balance Due: \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_

**Sacramental Fee for First Penance and First Communion \$30** \_\_\_\_\_ **Confirmation Sacramental Fee \$80** \_\_\_\_\_