



Church of Saint John the Evangelist and Our Lady of Mount Carmel
www.sjeolmc.org



Parish Religion Education Program
2019-20 Registration Form

Registration Status: Returning Family from Last Year / **Class Location:** **SJE:** 148 Hamilton Ave. White Plains, NY
 New Family **OLMC:** 92 S Lexington Ave. White Plains, NY

Mother:		Father:	Emergency Contact:
Name <i>include Maiden</i>		Name	Name
Cell Phone		Cell Phone	Cell Phone
Email Address		Email Address	Relationship to Student
Home Address:			
Custodial Parent, if different from above:			

Dismissal Policy: Students from Kindergarten through 5th Grade must be signed out after each class. I give permission for my children to be signed out by the following designated person(s):

Name	Relationship to Student	Cell Phone
Name	Relationship to Student	Cell Phone
Name	Relationship to Student	Cell Phone
Name	Relationship to Student	Cell Phone

I give my permission for photos of my child/ren taken during classes and activities to be published in the parish bulletin and website:

Signature Print name Date

Notes:

Child	Birthdate	Sex	Grade (in Sept.)	School

Sacrament and Date:	Baptism	Eucharist	Penance	Confirmation
<i>(Submit a copy)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs/Condition _____				

Child	Birthdate	Sex	Grade (in Sept.)	School

Sacrament and Date:	Baptism	Eucharist	Penance	Confirmation
<i>(Submit a copy)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs/Condition _____				

Child	Birthdate	Sex	Grade (in Sept.)	School

Sacrament and Date:	Baptism	Eucharist	Penance	Confirmation
<i>(Submit a copy)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs/Condition _____				

Child	Birthdate	Sex	Grade (in Sept.)	School

Sacrament and Date:	Baptism	Eucharist	Penance	Confirmation
<i>(Submit a copy)</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs/Condition _____				

FOR OFFICE USE ONLY - Payment Information:	
<p>Tuition & Fees <i>(Includes all books & materials)</i></p> <p>\$130 – 1 Child \$235 – 2 Children \$340 – 3 Children \$445 – 4 Children \$550 – 5+ Children</p> <p>\$ 50 – New Family \$ 40 – Sacrament \$ 30 – Late Fee <i>(Sept. 15)</i></p>	<p>Tuition: \$ _____</p> <p>New Family: \$ _____</p> <p>Sacrament: \$ _____</p> <p>Late Fee: \$ _____</p> <p>Total Due: \$ </p>
<p>PAID: \$ _____</p> <p><input type="checkbox"/> Cash / <input type="checkbox"/> Check # _____</p> <p>Date: _____</p> <p>Receipt #: _____</p> <p>Balance Due: _____</p> <p>Initials: _____</p>	