



Resurrection Parish
260 Conrow Road Delran, NJ 08075 (mail: P.O.Box 1099)
Religious Education Registration
Diocese of Trenton
2021-2022

Please print clearly and fill out entire form so that the office has accurate information.

Date _____

Family Name: _____

Address: _____
Street City State Zip

Primary E-mail to communicate with family: _____

Primary Phone to communicate with family: (____) _____ Number type: __ Cell __ Landline

Secondary Contact _____
First Name Last Name Relationship to Child(ren)

Secondary Phone (different from primary): (____) _____ Number type: __ Cell __ Landline

Number of Children that you are registering _____

Are you a **REGISTERED** member of Resurrection Parish? ___ Yes ___ No ___ Not registered at any parish

If "No", name of Parish where you are registered _____

Address of the above Parish _____

Where did your child(ren) attend a Religious Education program or Catholic School in 2020-2021 (if attended)?

Resurrection Parish _____ or other Parish or Catholic School _____
Yes / No Name of Parish or Catholic School if not Resurrection Parish

Address of other Parish or Catholic School _____

***** A letter is required from the previous parish/school (if not Resurrection) indicating the Religious Education grade completed for each child you are registering.**

Father/Guardian ___ Living ___ Deceased

Name _____ E-mail _____

Marital Status _____ Religion _____ Phone (____) _____

Mother/Guardian ___ Living ___ Deceased

Name _____ E-mail _____
First Maiden Last

Marital Status _____ Religion _____ Phone (____) _____

Indicate any custody issues we should be aware of below.

Please furnish copies of any custody agreements.

Child

Name _____ Male _____ Female _____
First Middle Last

Date of Birth _____ Place of Birth _____
Month / Date / Year City State

Religious Education Grade Level 2021-22 _____ School Grade Fall 2021 _____

School _____ School District _____

Medical/Learning Information

Medical Conditions/Allergies – Prescribed Medications – *Disability/Learning Support? _____ No _____ Yes

If yes, please explain here

Does this child have medication that needs to be carried/administered during our program? _____ No _____ Yes

If yes, please explain here

Are there any other special instructions? (i.e. dismissal, transportation, etc.) _____ No _____ Yes

If yes, please explain here

Individual Education Program (IEP) _____ No _____ Yes

*As defined by “Individuals with Disability Education Act” (IDEA), the term “child with a disability” means a child: with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and who, by reason thereof, needs special education and related services.

Sacraments

Baptism _____
Month/Date/Year or N/A Church/Parish Name City and State

First Penance Did this child receive First Penance? _____ Yes _____ No

First Eucharist _____
Month/Date/Year or N/A Church/Parish Name City and State

Confirmation _____
Month/Date/Year or N/A Church/Parish Name City and State

*****Attach a copy of Baptismal Certificate if Baptized at another parish and not previously turned in.*****

Other:

Baptized in another Christian Faith? _____

Profession of Faith to Catholic if Baptized in another Faith? _____

Full Initiation? _____

RCIA (Baptized after age 7) _____

Child

Name _____ Male _____ Female _____
First Middle Last

Date of Birth _____ Place of Birth _____
Month / Date / Year City State

Religious Education Grade Level 2021-22 _____ School Grade Fall 2021 _____

School _____ School District _____

Medical/Learning Information

Medical Conditions/Allergies – Prescribed Medications – *Disability/Learning Support? _____No _____Yes

If yes, please explain here

Does this child have medication that needs to be carried/administered during our program? _____No _____Yes

If yes, please explain here

Are there any other special instructions? (i.e. dismissal, transportation, etc.) _____No _____Yes

If yes, please explain here

Individual Education Program (IEP) _____ No _____ Yes

*As defined by “Individuals with Disability Education Act” (IDEA), the term “child with a disability” means a child: with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and who, by reason thereof, needs special education and related services.

Sacraments

Baptism _____
Month/Date/Year or N/A Church/Parish Name City and State

First Penance Did this child receive First Penance? _____Yes _____No

First Eucharist _____
Month/Date/Year or N/A Church/Parish Name City and State

Confirmation _____
Month/Date/Year or N/A Church/Parish Name City and State

*****Attach a copy of Baptismal Certificate if Baptized at another parish and not previously turned in.*****

Other:

Baptized in another Christian Faith? _____

Profession of Faith to Catholic if Baptized in another Faith? _____

Full Initiation? _____

RCIA (Baptized after age 7) _____

TUTORION FEES

One Child \$130.00

Two Children \$200

Three or more Children \$300

Total Amount _____

Please make checks payable to Resurrection Parish or pay online <http://tinyurl.com/yae6gdxo>. This allows you to pay via Parish Giving (Login and Pay button) or directly (Pay Now button) with credit/debit card or bank transfer. Resurrection Parish Mailing address: P.O. Box 1099, Delran, NJ 08075

Note: A Confirmation Retreat Fee per 8th grade student will be collected at the time of the retreat.

Terms & Conditions

I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by Resurrection Parish or the Diocese of Trenton for claims that may arise.

I agree _____ (Yes or No)

Parental Consent for Medical Care: In case of an emergency, I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest appropriate medical facility.

I agree _____ (Yes or No)

I understand that photos of my child(ren) may be taken and used in Parish publications including web and print media.

I agree _____ (Yes or No)

We need Catechists (free tuition) and Hall Monitors

Would you like to volunteer _____ (Yes or No)

If "YES" what is your preference – Catechists or Hall Monitor (circle one or both if no preference)?

Signature of parent or legal guardian _____

Questions? Please contact Rich Scanlon

Director of Faith Formation

856-461-6555 or rich@resurrection2.org