

St. Benedict Religious Education
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Bronx, NY 10465
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929-318-9172
StBenedictsReledu@gmail.com

June 2021

Dear Families,

Thank you for your cooperation during the past year and blessings on the summer ahead. Hopefully things will continue to slowly but surely get back to normal.

We are currently accepting registration for September 2021-2022. We are hoping classes will be in person this September again on Wednesday afternoons and/or Sunday mornings at St. Benedict's School.

Any parent is welcome to see me in the office during my remaining summer hours; Wednesdays, Thursdays, and Fridays 9am till noon. Registration may also be completed on our web site, St.Benedict's Catholic Church. Once received I will follow up with a phone call to verify the child/childrens registration is complete and accurate.

Our Religious Education Fees will be: 1 child- \$100.00; 2 children- \$130.00; 3 or more children -\$150.00 for the year, which includes their religion book and all materials needed.

I will keep you informed to the exact date when Religious Education classes begin again.

We look forward to seeing you all in person very soon. God Bless you and keep you safe. You are in my prayers.

Respectfully,
Joann LaDisa
DRE

Student Registration Information Record for St. Benedict's Religious Education

Head of Household Name _____

Address _____ Home phone _____

Cell phone _____

Child's Name _____ Date of Birth _____ Age _____ M/F

Child's Place of Birth: _____

Current School Attending and grade level

Mother's Name _____ Email _____

Cell phone _____

Father's Name _____ Email _____

Cell Phone _____

Legal Guardians Name _____

If it is different from above please give email and phone number.

Is this student a new registration or returning: Please indicate the last class they took here and dates that was.

New: _____ Returning: _____

Special Medical Conditions: _____

Is there an order to limit access to the non-custodial parent? YES _____

NO _____

Name of parent or parent substitute that will transport child/youth to and from RE

Program. _____

In case of an emergency contact information should Parent/Legal Guardian not be reached.

Name _____

Address _____

Cell Phone _____ Email _____

Relationship to the Child? _____

Doctor in case of Emergency _____

Phone Number _____

In case of accident or illness, I request that the representative of the parish catechetical program, if unable to be reached, authorize this representative to call the physician indicated and to follow instructions given. If it is impossible to contact a physician I agree for the Director of Rel ED to make whatever arrangements seem necessary. I agree to assume financial responsibility for any diagnosis or treatment necessary. I hereby consent and authorize the necessary procedures that have been stated above.

Guardian Signature _____ Date _____

Emergency Contact Info.

Does your child have physical or emotional conditions of which we should be aware that requires special accommodation in the classroom?

Any allergies to be aware of or asthma? We may hold an epi pen and/ or pump for students that need it in the office as long as they are labeled with their name.

No _____ YES _____ Please Explain _____

Child will be entering what grade this year? _____

Session/ Day and Time _____

If your child has made their Sacraments please indicate date, place and copy of each.

Baptism _____

Eucharist _____

Penance _____

Confirmation _____