

St. Bartholomew Church

Religious Education Registration 2020-2021

PLEASE PRINT (1 FORM PER CHILD)

INDICATE FORM OF PAYMENT= CASH ___ CHECK # _____ FAITH DIRECT ___

Student Name _____ M/F Date of Birth _____

Address _____
Last First M.I.

_____ Street Town Zip Code

Family Email Address _____ Home Phone _____

Name of Public School _____ Grade in Sept 20 _____ Grade in Religious Ed. _____

Siblings/Grade in the Program _____

Family Information

Families seeking to register their children for Religious Education must be a registered parishioner of St. Bartholomew Church

Registered Family Name _____ Registered Parishioners? ___ Envelope # _____

Father's Name _____ Religion _____ Marital Status _____

Occupation _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Religion _____ Marital Status _____

Occupation _____ Work Phone _____ Cell Phone _____

Child resides with _____ Child Carpools with _____

Emergency Contact

In the event a parent cannot be reached

Name _____ Relationship to child _____ Phone # _____

Name _____ Relationship to child _____ Phone # _____

In the event of an emergency our choice of Hospital is: St. Peter's ___ Robert Wood Johnson ___ Raritan Bay ___

I authorize St. Bartholomew to transport my child to the hospital in the event of an extreme emergency.

Signature of Parent

Emergency Phone Number

Special Health Concerns

Allergies _____ EPI Pen _____ Illness/Anxiety _____

If you child needs medication, you need to send it with them every week to class.

Please communicate with your child's catechist of your child's health needs.

Special Learning Needs

Receives in class support _____ Resource Room ___ ADD/ADHD ___

Parents please note that unless indicated, all children will be expected to behave appropriately and progress on grade level. Please let us know of anything you feel we should know about your child's needs and how to best work with them in class. This information will remain confidential.

Choice of Session (if we are able to return to the classroom)

Please indicate 1st, 2nd and 3rd Choice

Session I Tuesday 4:30 _____ Session II Tuesday 6:30 _____ Session III Thursday 4:30 _____

New Registrations and Transfer Students

Children who have not been baptized at St. Bartholomew Church must attach a copy of their Baptismal Certificate and Sacramental Records and record of prior Religious Education to this application. Only registered parishioners may attend the program.

Baptism: Church _____ City: _____ Date _____

First Penance: Church _____ City _____ Date _____

First Eucharist: Church _____ City _____ Date _____

Time and Talent

Our program can only be successful with your help. Volunteers are need in all areas to promote spirituality and safety of our children. Please consider joining this ministry. Please indicate how you can help.

Catechist/Teacher _____ Substitute Catechist _____ Classroom Aide _____ Substitute Aide _____

Grade Level Preference _____ Hall Monitor _____