



Religious Education Program Registration 2020-2021

Registration Type: Early Bird

Date: _____

- One Child - \$230.00
- Two Children - \$255.00
- Three or More Children - \$280.00
- 1st Grade Family Program - \$100.00
- Communion Fee - \$30.00
- Confirmation Fee - \$60.00
- First Time Catechist - \$200.00
- Veteran Catechist - FREE

If you have a child receiving a Sacrament, you MUST add the additional fee. Thank you.

Please fill out the following:

Part 1: Family Information Record

This is the yearly registration form, which must be updated every year. Please fill out additional fields if you are enrolling more than one child.

Family Last Name(s)

If you and any of your children have different last names, please indicate here which last name we should file your family under.

Family Email(s) – Please include more than one since we communicate primarily via Email.

Where any of your children registered in the 2019-2020 program year?

YES NO MORE THAN A YEAR AGO

IF NO: STOP! Please do not go any further. You must speak with the Director before registering. Completing this form without communicating may result in a hold on your class assignment.

Are you or your children registered parishioners of St. James/OLL?

YES NO NOT SURE

Primary Home Address - INCLUDE TOWN AND ZIP

Street, City, State & Zip

Primary Phone #

Please include Area Code

How many children are you registering?

Mother's First & Last Name

Mother's Maiden Name

The last name that a married woman used from birth, prior to its being legally changed at marriage.

Mother's Religion

Father's First & Last Name

Father's Religion

Legal Guardian First & Last Name – Only if applicable

Children reside with:

(I.E. Parents, Guardian, Mother, Father, Grandparent, Foster, etc...)

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

 YES NO NOT APPLICABLE

Part 2: Child Information Record

Child 1: Full Name as on Baptismal

(If child had a different name at birth please include this name)

Child 1: Date of Birth ____/____/____	Child 1: Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Child 1: Grade for 2020-2021 Year _____	Child 1: Was This Child Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO
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For your registration to be considered - we MUST have a copy of the baptismal on file.

Child 1: What School Does This Child Attend?

(space left blank intentionally)

Child 2: Full Name as on Baptismal

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(If child had a different name at birth please include this name)

Child 2: Date of Birth ____/____/____	Child 2: Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Child 2: Grade for 2020-2021 Year _____	Child 2: Was This Child Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO
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For your registration to be considered - we MUST have a copy of the baptismal on file.

Child 2: What School Does This Child Attend?

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Child 3: Full Name as on Baptismal

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(If child had a different name at birth please include this name)

Child 3: Date of Birth ____/____/____	Child 3: Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Child 3: Grade for 2020-2021 Year _____	Child 3: Was This Child Baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO
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For your registration to be considered - we MUST have a copy of the baptismal on file.

Child 3: What School Does This Child Attend?

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Please use the rest of PAGE 3 for any additional children.

Part 3: In Case of an Emergency

THIS SECTION IS REQUIRED.

Emergency Contact First & Last Name

If parent or guardian cannot be reached – CANNOT BE A PARENT.

Relationship to Child/Family

Cannot be a parent!

Cell Phone

(xxx-xxx-xxxx)

Home or Work

(xxx-xxx-xxxx)

Doctor or Primary Care Physician & Practice Name

Doctor or Physician Address

Please include town and zip code.

Doctor or Physician Phone

(xxx-xxx-xxxx)

Special Medical Conditions. Please indicate which children ****anything OTHER than allergies****

Child:	Medical Conditions:

Please list any procedures to be followed if this condition becomes an emergency.

Part 4: For Children with Serious Allergies

Please skip this section if it does not apply to any of your children.

Please list any allergies your child or children may have

Child:	Allergic to:	Special Medications:

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

ON SITE DESIGNEE: Who will administer the medication?

Please note it CANNOT be the Director, staff member, or catechist - this must be a separate designee

Phone Number of medications administer if someone other than a parent

Where will this medication be kept being readily available?

Please note, this medication if possible, should be kept on the child or with the designee available

STATEMENT OF AGREEMENT FOR MEDICAL & ALLERGIES: 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 an accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. 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.

Please Initial: _____

Part 5: Children with a Disability or Special Needs

Please skip this if it does not apply. Please fill this out if your child has an IEP in school, receives special education, or has a learning or developmental disability of some kind. This form is designed to help both us and the catechist assigned to your child's class to provide the best care and needs regarding sharing the faith with your child. All information is disclosed at the discretion of the parent/guardian. Please do not share any information you are uncomfortable with, but we highly recommend giving us as much detail as possible to help us better understand and serve the religious needs of your child.

Please list which child or children has a disability or special need

Child:	Description of Need/disability:

Are You Willing to Share Your Child's IEP With Us?

YES NO NOT APPLICABLE

How will the catechist know if your child is becoming unhappy, agitated, or emotionally upset?

What types of events might trigger these behaviors?

What are some ways/techniques a catechist might use to help your child regain emotional composure?

Is your child able to read?

Please describe as best as possible

Is your child partially sighted/blind or visually impaired?

YES NO NOT APPLICABLE

Does your child have partial hearing/deafness?

YES NO NOT APPLICABLE

Does your child have partial hearing/deafness?

YES NO NOT APPLICABLE

Please use this entry to add anything else regarding your child's needs:

Part 6: Class Registration

PLEASE READ THIS INFORMATION CAREFULLY.

Classes may be limited to about 12 or less students per class. Please have a second choice available, as we will NOT be allowing over the limit due to strict potential requirements. We will keep families posted regarding any changes in class schedules or times depending on decisions made regarding in person gatherings.

What Grades are You Registering for?

1st Grade Family Program

One required "retreat" and project/test due at end of year

First Choice for Grade 2: *\$30 Communion Fee Required*

Monday 4:30-6:00pm

Tuesday 6:00-7:30pm

Saturday 8:00-9:30am

Wednesday 4:30-6:00pm

Saturday 10:00-11:30am

First Choice for Grade 3:

Monday 4:30-6:00pm

Tuesday 6:00-7:30pm

Saturday 8:00-9:30am

Wednesday 4:30-6:00pm

Saturday 10:00-11:30am

First Choice for Grade 4:

Monday 4:30-6:00pm

Tuesday 6:00-7:30pm

Saturday 8:00-9:30am

Wednesday 4:30-6:00pm

Saturday 10:00-11:30am

First Choice for Grade 5:

Monday 4:30-6:00pm

Tuesday 6:00-7:30pm

Saturday 8:00-9:30am

Wednesday 4:30-6:00pm

Saturday 10:00-11:30am

First Choice for Grade 6:

Monday 6:30-8:00pm

Tuesday 6:00-7:30pm

Saturday 8:00-9:30am

Wednesday 6:30-8:00pm

Saturday 10:00-11:30am

First Choice for Grade 7:

Monday 6:30-8:00pm

Tuesday 6:00-7:30pm

Saturday 8:00-9:30am

Wednesday 6:30-8:00pm

Saturday 10:00-11:30am

First Choice for Grade 8: *\$60 Confirmation Fee Required*

Monday 6:30-8:00pm

Wednesday 6:30-8:00pm

MAKE UP CLASSES:

Sacramental OOS

Thursdays 4:45-6:15 in the REC

Intermediate OOS

Thursdays from 4:45-6:15 in the REC

In case your first choice is full, what is your second choice?

Do you have a special request for a catechist?

Remember, classes are filled on a first come first serve basis, so please indicate the reason why.

Volunteers are always needed! What are you interested in volunteering for?

- Catechist Catechist Assistant Parking Safety Attendant
 Substitute Hall Monitor

Ask us about a VOLUNTEER DISCOUNT! Please note that any volunteer position requires a background check and application form to be filled out.

Part 7: Media Release Authorization

I HEREBY:

- CONSENT DO NOT CONSENT

For the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian by St. James the Apostle Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish"). I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts. I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify, and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Part 8: Parent Communication & Commitment Statement

As the first and foremost catechist of my children, I recognize that WEEKLY Mass attendance is the foundation of our faith, and realize that the Religious Education Program can reinforce, but not replace the parents' role in the faith formation of their children. Therefore, I will:

**** Ensure that we attend Mass weekly (or find a friend or family member to attend with my children)

**** Make Religious Education class attendance a priority

**** Will READ & FOLLOW the parent guidelines provided to me at the following link:

<https://drive.google.com/file/d/1HfTCM89k8WBSnoAMvEF6qngX5z4hWDWu/view?usp=sharing>

COMMUNICATION STATEMENT: By registering your child you are automatically agreeing to be placed on our Email/Text Message lists that may apply to one or more of your children. We are working hard to constantly improve our communication. Email and Text message is the primary way we communicate important information to our program. Please be attentive to this so that you do not miss any information.

Registration Submission

NOTE: TUITION IS NON-REFUNDABLE AFTER 30 DAYS.

Please contact the Religious Education Office if you are unsure of your total fees due.

Verify and complete your registration

Total Price Due Today \$ _____

Please check the 'I Agree' checkbox. By doing so you indicate that the above information is correct, and that you authorize the transaction.

I AGREE TO COMPLETE MY PAYMENT

Parent Name & Signature:

Today's Date: ____/____/____



For Office Use Only:

Payments Received:

Payment Date	<input type="checkbox"/> WeShare	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	Check Date	Amount

Paid in Full

Outstanding Balance: \$ _____

Outstanding Balance: \$ _____

Outstanding Balance: \$ _____

Outstanding Balance: \$ _____

COMMENTS:
