

St. Peter's Religious Education Registration for Year 2020-2021: RETURNING FAMILIES

Family Last Name: _____ Home Phone: _____

Child's Last Name (if different): _____ Email: _____

Mother (include maiden name): _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Address (include town): _____

Legal Guardian if different than above: Name: _____

Address: _____ Phone: _____

Child's name (Returning)	Grade Sept.2020	School Attending

Children new to program*

Child's name	Grade Sept 2020	School Attending

*A copy of Baptismal Certificate must be attached with registration.

Fees: \$200 per family. Additional fee for First Holy Communion: \$50.00; Confirmation: \$100.00. Please make checks payable to St. Peter's Church and mail to the Bookkeeper, 6 Father Cody Plaza, Poughkeepsie, NY 12601. \$20 discount if received by August 15, 2020.

Date: _____ Fee received: _____ Balance: _____

CONTINUE 

Child's Name: _____

Emergency Contacts:

Please indicate two nearby persons to be contacted in case of an emergency when the parent/guardian cannot be reached.

Name: _____ **Phone:** _____

Address: _____

Relationship: _____

Name: _____ **Phone:** _____

Address: _____

Relationship: _____

Custodial Issues:

If there are court-ordered custodial issues, please contact Mrs. Babiarz, C.R.E., directly.

Media Release Authorization:

I give my permission to St. Peter's Religious Education Program to photograph or video tape my child/children to be used for internal purposes and will not be released to public without specific consent. *Checking NO disallows any class picture or use of your child/children's image in any presentations.*

Yes _____ **No** _____

Learning/Medical Concerns:

Our office needs to be aware of any medical, food allergies, or learning challenges your child/children may have. This information is held in confidence.

Does your child require use of an Epi-Pen or inhaler during RE hours? **Yes** _____ **No** _____

IF YES: PAPERWORK AND MEDICATIONS MUST BE SUBMITTED ONE WEEK BEFORE THE START OF CLASS.

Dismissal Procedures:

Authorized adult(s) who routinely pick up your child: _____