

2016-2017 — RELIGIOUS EDUCATION REGISTRATION
 St. Augustine's Religious Ed. • 18 Cherry Ave, Larchmont NY 10538
 • phone: (914) 834-9523 • fax: (914) 833-3373 • email: staugred@verizon.net

PLEASE PRINT

Today's Date: _____

Father's Name _____		Religion _____
<i>First</i>	<i>Last</i>	
Home # _____	Work # _____	Cell # _____
Address _____		City _____ Zip _____

Mother's Name _____		Religion _____
<i>First</i>	<i>Last</i>	
Mother's Maiden Name _____	Work # _____	Cell# _____
Mother's Address _____	City _____	Zip _____ Home # _____
<i>(If different from Father's)</i>		<i>(If different from Father's)</i>

Emails should be sent to: _____
 Our office corresponds frequently by email. Please supply only **ONE** email per household.
 Should your email change, please contact us as soon as possible.

Preferred format for address labels: _____
 (e.g.: Mr. & Mrs. John Doe; John Doe and Mary Smith; Ms. Mary Smith)

Student lives with: Both Parents ____ Mother ____ Father ____ Other (specify) _____

Duplicate Mailing Address? Yes / No (e.g., Parents are separated and you would like mailings to both parents)

STUDENT INFORMATION

Full Name (As it appears on Baptismal Certificate)	Gender	Date of Birth (mm/dd/yy)	Rel. Ed. Class (Wednesday or Sunday)	School Attending Fall '16	Grade Fall '16
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

2016-2017 CLASSES OFFERED

- **Wednesday Afternoon** 3:30pm—4:45pm (Grades 1-4)
- **Wednesday Evening** 7:15pm—8:30pm (Grades 5-8)
- **Sunday Morning** 9:00am—10:15am (Grades 1-8)
- **Sunday Afternoon** 3:00pm—5:00 pm (Grade 9)

<p align="center">Registration Fees</p> <p><input type="checkbox"/> \$350.00 one child</p> <p><input type="checkbox"/> \$450.00 two children</p> <p><input type="checkbox"/> \$550.00 three or more children</p>	<p align="center">Sacramental Fees</p> <p align="center">2nd Grade</p> <p><input type="checkbox"/> Reconciliation and Eucharist \$100.00</p> <hr/> <p align="center">9th Grade</p> <p><input type="checkbox"/> Confirmation \$200.00</p>	<p><input type="checkbox"/> Early bird special! Register by June 1st and deduct \$50.00 from total fee and \$50.00 Late Fee after July 1st</p> <p>■ Donations welcome ■ Scholarships available</p> <p>■ Checks Payable to: St. Augustine's Religious Ed.</p> <p>DEADLINE FOR REGISTRATION—June 30, 2016</p>
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PARENT SUPPORT: I wish to volunteer for (please check):

- Catechist for grade ____; Catechist assistant for grade ____; Substitute for grades _____;
- Attendance in office Wed. afternoon / evening; Child Care Wednesday afternoon for Catechists;
- Hall Monitor Traffic Control Office Work—Wednesday: afternoon / evening

OVER

Baptismal Certificates (All Students)

A hardcopy of every child's Baptismal Certificate (including St. Augustine baptisms) MUST be provided for the file in the Religious Education Office.

Student's Name	Place of Birth	Baptismal Certificate (check one)
_____	_____	<input type="checkbox"/> Enclosed <input type="checkbox"/> On File in Rel. Ed. Office
_____	_____	<input type="checkbox"/> Enclosed <input type="checkbox"/> On File in Rel. Ed. Office
_____	_____	<input type="checkbox"/> Enclosed <input type="checkbox"/> On File in Rel. Ed. Office
_____	_____	<input type="checkbox"/> Enclosed <input type="checkbox"/> On File in Rel. Ed. Office

NEW Students

All new students must supply:

1) Copy of Baptismal Certificate (see above)	<input type="checkbox"/> Enclosed
2) Copy of 1st Eucharist Certificate (if applicable)	<input type="checkbox"/> Enclosed
3) Record of prior Religious Education Studies (if applicable)	<input type="checkbox"/> Enclosed

Medical Information/Special Needs

Doctor's Name: _____ **Doctor's Phone:** _____

Hospital Preference (in case of emergency): _____

Allergies: _____

Other Medical Notes: _____

Special Needs: _____

Emergency Contacts (NOT PARENTS, PLEASE)

Contact #1
Name _____
Relationship _____
Telephone _____
Cell phone _____

Contact #2
Name _____
Relationship _____
Telephone _____
Cell phone _____

In case of 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.

Parent / Guardian Signature: _____ **Date:** _____

(For Office Use Only) **Fee:** Ck# _____ Ck. Amt. _____ Cash _____ Date rec'd _____

Volunteer: Yes / No Catechist _____ Asst. Cat. _____ Sub. _____ Other _____