

2017-2018 — 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 _____ <i>First</i> _____ <i>Last</i> _____	Religion _____
Home # _____ Work # _____ Cell # _____	
Address _____ City _____ Zip _____	

Mother's Name _____ <i>First</i> _____ <i>Last</i> _____	Religion _____
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 '17	Grade Fall '17
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

2017-2018 CLASSES OFFERED

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

<p style="text-align: center; color: green; font-weight: bold;">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><input type="checkbox"/> Full payment (preferred)</p> <p><input type="checkbox"/> Payment Plan _____</p>	<p style="text-align: center; font-weight: bold;">Sacramental Fees</p> <p style="text-align: center;">2nd Grade</p> <p><input type="checkbox"/> Eucharist \$100.00</p> <hr/> <p style="text-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</p> <p><input type="checkbox"/> \$50.00 Late Fee after July 1st</p> <p><input type="checkbox"/> Donations welcome <input type="checkbox"/> Scholarships available</p> <p><input type="checkbox"/> Checks Payable to: St. Augustine's Religious Ed.</p> <p style="color: red; font-weight: bold;">DEADLINE FOR REGISTRATION—June 30, 2017</p>
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I recognize that Sunday Mass is an integral and necessary part of my child's religious education. I promise to participate with my child/children:
every Sunday, twice a month, monthly.

Comments:

OVER

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 Office Work—Wednesday: afternoon / evening Other _____

Baptismal Certificates (All Students)

A hardcopy of every child's Baptismal Certificate (including St. Augustine baptisms) MUST be on 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) Enclosed
 - 2) Copy of 1st Eucharist Certificate (if applicable) Enclosed
 - 3) Record of prior Religious Education Studies (if applicable) Enclosed

Medical Information/Special Needs

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

Hospital Preference (in case of emergency): _____

Allergies: _____ **Special Needs:** _____

Other Medical Notes: _____

Emergency Contact (other than parents)

Name _____ Relationship _____

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 _____