

2018-2019 — RELIGIOUS EDUCATION REGISTRATION

St. Augustine Religious Education • 18 Cherry Ave, Larchmont NY 10538
 • phone: (914) 834-9523 • fax: (914) 833-3373 • email: staugred@staugustineny.org

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 '18	Grade Fall '18
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

2018-2019 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)

REGISTRATION FEES:		
by May 31, 2018 <input type="checkbox"/> \$300.00 one child <input type="checkbox"/> \$400.00 two children <input type="checkbox"/> \$500.00 three or more children	by June 30, 2018 <input type="checkbox"/> \$350.00 one child <input type="checkbox"/> \$450.00 two children <input type="checkbox"/> \$550.00 three or more children	starting July 1, 2018 <input type="checkbox"/> \$450.00 one child <input type="checkbox"/> \$550.00 two children <input type="checkbox"/> \$650.00 three or more children
Additional Sacramental Fees 2nd Grade <input type="checkbox"/> Eucharist \$100.00 9th Grade <input type="checkbox"/> Confirmation \$200.00	Payment Plan available monthly (10 months) between June-March, determined at the time of registration in the time frames and categories listed. <input type="checkbox"/> Donations welcome <input type="checkbox"/> Scholarships available <input type="checkbox"/> <u>Checks Payable to:</u> St. Augustine Religious Ed. DEADLINE FOR REGISTRATION—June 30, 2018	

OVER

Please initial box. 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: (indicate your choice with a circle) every Sunday, twice a month, monthly. Comments:

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

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: _____ **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 _____