

2019-2020 — 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

Please indicate if any information has changed: _____

STUDENT INFORMATION

Full Name <small>(As it appears on Baptismal Certificate)</small>	Gender	Date of Birth <small>(mm/dd/yy)</small>	Rel. Ed. Class <small>(Wednesday or Sunday)</small>	School Attending <small>Fall '19</small>	Grade <small>Fall '19</small>
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Father's Name _____ <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Last</small>	Religion _____
Home # _____ Work # _____ Cell # _____	
Address _____ City _____ Zip _____	

Mother's Name _____ <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Last</small>	Religion _____
Mother's Maiden Name _____ Work # _____ Cell# _____	
Mother's Address _____ City _____ Zip _____ Home # _____ <small style="margin-left: 100px;">(If different from Father's)</small> <small style="margin-left: 100px;">(If different from Father's)</small>	

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.

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)

2019-2020 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** 3:00—5:00 pm (Grade 9/Confirmation)

REGISTRATION FEES:		
<p style="text-align: center;">by May 31, 2019</p> <p><input type="checkbox"/> \$300.00 one child</p> <p><input type="checkbox"/> \$400.00 two children</p> <p><input type="checkbox"/> \$500.00 three or more children</p>	<p style="text-align: center;">by June 30, 2019</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 style="text-align: center;">starting July 1, 2019</p> <p><input type="checkbox"/> \$450.00 one child</p> <p><input type="checkbox"/> \$550.00 two children</p> <p><input type="checkbox"/> \$650.00 three or more children</p>
<p>Additional Sacramental Fees</p> <p>2nd Grade</p> <p><input type="checkbox"/> Eucharist \$100.00</p> <p>9th Grade</p> <p><input type="checkbox"/> Confirmation \$200.00</p>	<p>Payment Plan available monthly (8 months) between May– Dec. 2019</p> <p>■ <u>Checks Payable to:</u> St. Augustine Religious Ed.</p> <p>■ Donations welcome</p> <p>■ Scholarships awarded through Sr. Suzanne on a need basis for that year.</p> <p style="text-align: center;">AFTER JUNE 30, 2019 REGISTRATION CANNOT BE GUARANTEED</p>	

***ALL REQUESTED INFORMATION/PAYMENT MUST BE PROVIDED IN ORDER TO PROCESS YOUR CHILD'S REGISTRATION**

OVER

PARENT SUPPORT: I wish to volunteer for (please check):

- Catechist for grade _____ Catechist assistant for grade _____
 Substitute for grades _____ Child Care Wednesday afternoon for Catechists

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 provide:

- | | | |
|--|-----------------------|-----------------|
| 1) Copy of Baptismal Certificate (see above) | <input type="radio"/> | Enclosed |
| 2) Copy of 1st Eucharist Certificate (if applicable) | <input type="radio"/> | Enclosed |
| 3) Copy of prior Religious Education (if applicable) | <input type="radio"/> | 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 (In the event of an emergency and parent is unavailable):

Name _____ Relationship _____ Cell # _____

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 _____