

Religious Instruction Registration

Child's Name **LAST** **FIRST** **Date of Birth** **Place of Birth** **Male or Female** **School Grade 2016-17** **New or Returning Student**

1.						
2.						
3.						

2016-2017 School Attending 1. _____ 2. _____ 3. _____

Family Last Name _____ Child(ren) live with _____

Address _____ City _____ Apt _____ Zip _____

Relationship	Father	Mother	Guardian
Full Name			
Maiden Name	-----		-----
Religion			
Home Phone			
Cell Phone			
E-mail			
Emergency Name	Phone #	Relationship	
I would like to help in the following way: Your name(s) _____			
CATECHIST ___ CATECHIST SUBSTITUTE ___ CATECHIST AIDE _____ SPECIAL ACTIVITIES _____ OTHER _____			

Child 1:

Sacrament	Date	Church	Address	Certificate Seen By
Baptism				
Communion				
Confirmation				

Catechesis for Sacrament of First Penance was completed in (Year) _____ (Parish) _____
(Name, City, State)

Child 2:

Sacrament	Date	Church	Address	Certificate Seen By
Baptism				
Communion				
Confirmation				

Catechesis for Sacrament of First Penance was completed in (Year) _____ (Parish) _____
(Name, City, State)

Child 3:

Sacrament	Date	Church	Address	Certificate Seen By
Baptism				
Communion				
Confirmation				

Catechesis for Sacrament of First Penance was completed in (Year) _____ (Parish) _____

TUITION & FEES

TUITION	\$175.00 (one child)	\$225.00 (2 children)	\$275.00 (3 + children)
SACRAMENTAL FEES (add to tuition fee)	Reconciliation/First Holy Communion	\$60.00	
	Confirmation	\$150.00	- Includes cost of the Confirmation retreat, Graduation gown and commemorative DVD

TUITION IS PAYABLE IN FULL UPON REGISTRATION

Registration and payment is **due by June 19, 2016**. Any registration received after this date will include a ***\$50.00 late payment fee*** and will be subject to availability.

Please make checks payable to Sts. Peter & Paul – St. Ursula.

DISMISSAL INSTRUCTIONS

Child Name	Grade	May your child walk home without an adult?	Child may walk home with
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1. _____
2. _____
3. _____

SPECIAL MEDICAL CONDITIONS

Please include any special medical conditions such as: allergies, learning disabilities, difficulty with reading, ADHD, etc.

Child's Full Name	Medications (if needed)	Condition	Learning Disability Special Need
1. _____			
2. _____			
3. _____			

Procedure to be followed if above condition presents an emergency:

1. _____
2. _____
3. _____

IN CASE OF AN EMERGENCY: persons to be contacted if Parent/Guardian cannot be reached:

Name	Home Phone	Cell Phone	Relationship
1. _____			
2. _____			

DOCTOR FOR EMERGENCY: _____

PHONE # _____ CELL # _____

ADDRESS _____ CITY _____ STATE _____

In case of a **minor 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.

In case of **serious accident or illness**, I authorize that the representatives of the parish catechetical program to **call 911 immediately**. 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 SIGNATURE _____ Date _____

or

GUARDIAN SIGNATURE _____ Date _____

EMAIL ADDRESS _____

Sts Peter and Paul – St Ursula Church
Religious Education Program
129 Birch Street, Fleetwood, NY 10522
religioused@stspeterpaulandstursula.org

**MEDIA RELEASE FORM
2016-2017**

I am the parent or legal guardian of: Child's name(s)

1. _____

2. _____

3. _____

and have the authority to sign this media release.

In consideration of my child's participation in the Religious Education Program of Sts. Peter and Paul-St. Ursula Parish, Archdiocese of New York, I agree that photographs, pictures, video, or other media coverage of my child may be taken in connection with his/her participation in the program and any related activities and consent to the use of such photographs, pictures, videos, or other media coverage on Sts Peter Paul-St Ursula Parish, Archdiocese of New York's website or other materials produced by Sts Peter and Paul-St Ursula Parish, Archdiocese of New York.

I have carefully read this Release Agreement, fully understand its contents and sign it of my own free will.

PRINT Child's name

Child May Participate? (Indicate Yes or No)

1. _____

2. _____

3. _____

PRINT Parent's/Guardian's Name (circle one) _____

Parent's/Guardian's Signature (circle one) _____

Date Signed _____