

St. Mary's Parish Religious Education Program

PHONE: (732) 721-1514

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NEW STUDENT REGISTRATION

Please read carefully and complete ALL attached forms (back and front) and return them in order that your child may be registered properly to start at St. Mary's Religious Education Program. When completed call for an appointment.

School Year: OCTOBER 2, 2018 to May 1, 2019

**Grades 1 to 5 Tuesdays 4:30 p.m. to 6:00 p.m.
Grades 6, 7, 8 Wednesday 6:30 p.m. to 8:00 p.m.
CLASSES BEGIN TUESDAY, OCTOBER 2, 2018 and WEDNESDAY, OCTOBER 3, 2018**

Requirements for Registration

1. Please note that one of the most important requirements is that families are registered and active members of St. Mary's parish. For that reason, we require your parish envelope number. If you do not know it, **please call the Religious Education Office at 732-721-1514.** Your registration and parish active (*going to Mass on a regular basis and using church envelopes*) will be verified by the Religious Education Office.
2. If your family is registered and active members of another parish and have received permission to attend St. Mary's Religious Education Program, you will be required to verify this with a letter from your parish.
3. If you are inactive or not properly registered at St. Mary's parish or another, it is extremely important that you do so as soon as possible. Tuition fees are based on being a registered and active member of your parish.
4. A copy of your child's baptismal certificate is required and any other certificates for sacraments that your child may have received if not at St. Mary's parish. All sacraments received at St. Mary's parish will be verified by the Religious Education Office.
5. If your child is transferring from another Religious Education program, a letter from that program stating your child attended another parish's religious education program is required.

6. **Tuition Fee Schedule**

	Registered & Active Family	New, Inactive or Unregistered Family
One child	\$80.00	\$160.00
Two children	\$105.00	\$210.00
Three or more children	\$140.00	\$310.00

Payment is due at time of registration (unless other arrangements have been made) for proper placement of your child in a class.

7. **Once ALL FORMS** are completed, please call to schedule an appointment at **(732) 721-1514.**

If you have any questions or problems, please do not hesitate to contact the **Religious Education office at St. Mary's elementary school at (732) 721-1514 or email jkobiernicki4@gmail.com.** Thank you.

Yours in Christ,

John Kobiernicki
Parish Catechetical Leader

St. Mary's Religious Education Program Registration Form

School Year: October _____ to May _____

PLEASE PRINT ALL INFORMATION

Church Envelope No.	Public School GRADE	REL ED GRADE
NAME OF STUDENT: _____		DATE & PLACE OF BIRTH: _____
ADDRESS: (Number, Street)		
ADDRESS: (City, State, Zip)		
HOME PHONE: _____		CELL PHONE: _____
E-MAIL ADDRESS: _____		
FATHER'S NAME: _____		BUSINESS PHONE: _____
MOTHER'S FIRST: _____	MOTHER'S MAIDEN: _____	BUSINESS PHONE: _____
NAME OF GUARDIAN: (If not with both parents)		RELATIONSHIP:
PUBLIC SCHOOL CHILD IS ATTENDING:		
DOES THE CHILD HAVE ANY LEARNING DISABILITIES, EMOTIONAL OR PHYSICAL PROBLEMS?		
NO	YES	IF YES, PLEASE EXPLAIN:
PLEASE ATTACH COPY OF CERTIFICATE FOR ANY SACRAMENT RECEIVED.		
BAPTISM:	NO YES	WHERE: DATE:
RECONCILIATION:	NO YES	WHERE: DATE:
FIRST EUCHARIST:	NO YES	WHERE: DATE:
CONFIRMATION:	NO YES	WHERE: DATE:

ST. MARY'S RELIGIOUS EDUCATION PROGRAM
301 SECOND STREET, SOUTH AMBOY, NJ 08879

October _____ to May _____

STUDENT EMERGENCY INFORMATION & PROCEDURE FORM

In the event of an emergency and none of the persons listed on the form are available, I authorize the school to take my child to a hospital, doctor or dentist office for emergency care.

PLEASE PRINT OR TYPE ALL INFORMATION

CHILD'S NAME: _____ GRADE IN REL ED: _____

PHONE NUMBER: _____ CELL PHONE: _____

OTHER PHONE NUMBERS: (Work) _____

(If parents' names are different from child's, please put full name)

FATHER'S NAME: _____ MOTHER'S NAME: _____

MEDICAL DOCTOR'S NAME: _____ PHONE: _____

DENTIST'S NAME: _____ PHONE: _____

LIST ANY ALLERGIES: _____

LIST ANY OTHER HEALTH/MEDICAL PROBLEMS: _____

LIST ANY MEDICATIONS/DRUGS TAKEN REGULARLY: _____

IN CASE OF EMERGENCY OR EMERGENCY CLOSING OF THE SCHOOL, PLEASE LIST THE NAMES OF TWO PEOPLE WHO CAN BE CONTACTED (NOT A MACHINE) IF THE PARENTS ARE NOT AVAILABLE OR WHO CAN REACH YOU.

NAME: _____ RELATED TO CHILD: _____

PHONE NUMBER: _____ CELL NUMBER: _____

NAME: _____ RELATED TO CHILD: _____

PHONE NUMBER: _____ CELL NUMBER: _____

IN THE EVENT OF AN EMERGENCY DURING SCHOOL HOURS:

IF ACCORDING TO AUTHORITIES, IT IS SAFE FOR CHILDREN TO BE DISMISSED MY CHILD _____

_____ MAY _____ MAY NOT BE ALLOWED TO LEAVE ON HIS/HER OWN.

IF CHILDREN ARE ALLOWED TO BE DISMISSED, MY CHILD MAY GO WITH THE FOLLOWING PERSON **WITHOUT** CONTACTING ME.

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINT NAME: _____ RELATIONSHIP TO CHILD: _____

Mode of Transportation/Walking Permission Slip
St. Mary's Religious Education Program
(Please check one box only)

FOR THOSE WHO WILL BE PICKED UP

_____ I or a responsible adult shall be driving my **child** _____ who will be in **Grade** _____ to and/or from the St. Mary's Religious Education Program. I assume this responsibility and I hereby release the Diocese of Metuchen, the parish of St. Mary's and any and all their representatives from any and all claims or liability arising from, or related to, my child's travel to and/or from the religious education program.

FOR THOSE CHILDREN WALKING

_____ I am giving my **child** _____ who will be in **Grade** _____ at the Religious Education Program permission **to walk to and/or** from the St. Mary's Religious Education Program. I assume the responsibility to insure that my child knows and will follow traffic safety rules. I hereby release the Diocese of Metuchen, the parish of St. Mary's and any and all their representatives from any and all claims or liability arising from, or related to, my child's travel to and/or from the religious education program.

Parent/Guardian Signature: _____

Date: _____

Revised June 2010

St. Mary's Religious Education Program
PHOTO RELEASE FORM

I hereby grant to the Diocese of Metuchen and its parishes, schools, religious education program and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child(ren), including any image and likeness for Diocesan, parish or school publications, advertising or websites(s), or any other purpose and in any manner and medium, to alter the same without restriction; and to copyright the same.

I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or videos(s)

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

(Please Complete All Information)

Child(ren)'s Full Name (Print) _____ Grade _____
_____ Grade _____
_____ Grade _____

Name of Parent/Guardian (Print) _____

Parent/Guardian Signature: _____

Home Phone: _____ Cell Phone: _____

Date Signed: _____

(Please complete only if necessary)

*Saint Mary's Religious Education Program
301 Second Street, South Amboy NJ 08879
(732) 721-1514*

SPECIAL NEEDS FORM

Child's Full Name: _____ Date Form Completed: _____

Age: _____ Grade: _____ Parent's Full Name: _____

List any special needs your child has _____

Where will you be while your child is in this class? _____

Can your child be included with other children in class? _____

Check any applicable information that might be helpful for volunteers to best minister to your child.

_____ Short attention span/easily distracted

_____ Allergies. Please list: _____

_____ Temper tantrums

_____ Problems with transitions

_____ Aggressive behavior

_____ Problems with changes in routine

_____ Shyness

_____ Problems following directions

_____ Problems with fine motor skills (cutting, pasting, etc.)

_____ Special bathroom needs. Please explain: _____

_____ Difficulty completing activities

_____ Needs visual presentations

_____ Can't read

_____ Trouble sitting in a group

_____ Issues with separation anxiety

_____ Tends to be possessive

Helpful special suggestions about your child (for example, "don't allow arguments between my child and another child to escalate.")

Do you want to be notified if there's a problem with your child? _____ YES _____ NO

_____ Date: _____

Parent's (or Guardian's) Signature