

*St. Mary's Religious Education Program*  
 256 Augusta Street, South Amboy, NJ 08879

(732) 721-1514

**REGISTRATION Grades 1-5 For September 2022 to April 2023 \*\***

**Classes begin Tuesday, September 13, 2022 4:30-6:00 PM**

Please return the form below and additional forms enclosed to register your child/children in grades one through five for our Religious Education Program for September 2022 to April 2023. These forms are mandated by the Diocese of Metuchen. They are for your child's well-being. Please make sure you complete and **return ALL forms** with tuition fee. The enclosed forms may be duplicated and should be completed for each child that is registered in the program.

ALL completed re-registration forms **with tuition payment** (see tuition fee schedule below) **must be returned to the Religious Education Office (in person) located in the former St. Mary's Elementary School or by mail to St. Mary Religious Education Program, 256 Augusta Street, South Amboy, NJ 08879 or in the Sunday Collection in marked envelope "St. Mary Religious Education Program – Registration) no later than August 1st** in order that your child may be placed in a class and necessary materials are ordered on time.

**PLEASE NOTE AFTER August 1st, A LATE FEE OF \$50 PER CHILD WILL BE CHARGED.**

Families must be registered and active (**using envelopes and attending mass on a regular basis**) members of St. Mary's Church for at least the past six months in order to pay the discounted tuition fee. **Inactive parishioners will pay a different rate.** Schedule is listed below. It is recommended if you DO NOT have church envelopes that you please call the Rectory at (732) 721-0179.

**Tuition Fee Schedule**

**Registered & Active Families                      Inactive Families**

One Child	\$100.00	\$190.00
Two Children	\$125.00	\$230.00
Three or More Children	\$160.00	\$330.00

If you have any questions or problems, please do not hesitate to call the Religious Education Program phone at (732) 721-1514 or email jkobiernicki4@gmail.com. Thank you. \*\*

**NOTE STARTING DATE FOR THE CLASSES.**

----- **Detach and Return Lower Portion (Please Print Clearly)** -----

**ALL INFORMATION MUCH BE COMPLETED & RETURN WITH TUITION FEE**

**FAMILY NAME** \_\_\_\_\_ **CHURCH ENVELOPE #** \_\_\_\_\_

**FULL ADDRESS** \_\_\_\_\_

(Street, City, Zip)

**PHONE NUMBER** \_\_\_\_\_ **CELL NUMBER** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

CHILD'S FULL NAME	Grade in Rel Ed	Grade in Public School	Special Needs Information (CONFIDENTIAL) Please complete form enclosed

I recognize my duty to help my minor child/children to practice our Faith by weekly Mass attendance and the reception of the sacraments.

**St. Mary's Religious Education Program Registration Form**

School Year: September \_\_\_\_\_ to April \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

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

ST. MARY'S RELIGIOUS EDUCATION PROGRAM

256 Augusta Street, SOUTH AMBOY, NJ 08879

September \_\_\_\_\_ to April \_\_\_\_\_

**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: \_\_\_\_\_

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MEDICAL DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY ALLERGIES: \_\_\_\_\_

LIST ANY OTHER HEALTH/MEDICAL PROBLEMS: \_\_\_\_\_

LIST ANY MEDICATIONS/DRUGS TAKEN REGULARLY: \_\_\_\_\_

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**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: \_\_\_\_\_**

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**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 ensure 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 5/2019

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**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: \_\_\_\_\_

Revised 5/2019

**Diocese of Metuchen  
Office of Catechesis**

**Student Cell Phone Policy Agreement**

The use of electronic devices of any kind is disruptive to the spirit of learning and prayer that takes place when children and catechists gather to grow in their faith.

However, cell phones may be brought to PARISH RELIGIOUS EDUCATION /FORMATION under the following conditions:

1. Phones **MUST** be turned off for the entire duration of any and all activities including, but not limited to, classroom instruction, church visitation, prayer experiences, liturgies etc. Cell phones must be kept out of sight upon entering the building and until the student has exited the building.
2. If a parent needs to contact his/her child(ren) regarding a late pick-up or other problem, please call the PARISH OFFICE FOR RELGIOUS EDUCATION/FORMATION, and we will relay the message directly to your child(ren) and their catechists. In this way, we can monitor their safety until the child(ren) are picked up.
3. No cell phones may be used for picture taking.
4. No harassment or threatening of persons via cell phones is permitted.
5. Cell phones may not be used to play games, for Internet and email access, for conversations, music, gambling or making purchases of any kind.
6. No pagers, iPods, MP3 players or other communication devices are allowed.
7. Those who violate any of the rules regarding cell phones or other devices will forfeit their privilege of bringing cell phones to religious education/formation.
8. Earbuds cannot be worn in the classroom or at any school sponsored event.

We have read the Diocesan Cell Phone policy and agree to abide by the rules stated above:

Student Signature: \_\_\_\_\_ Level: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Please complete only if necessary)***

Saint Mary's Religious Education Program  
256 Augusta Street, South Amboy NJ 08879  
(732) 721-1514

**SPECIAL NEEDS FORM**

PLEASE INCLUDE YOUR CHILD'S PUBLIC SCHOOL I.E.P. IF HE/SHE HAS ONE TO BETTER HELP THE CATECHIST

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