

PARISH OF ST STEPHEN THE MARTYR

Lydia vanDuynhoven, Coordinator-Religious Education Program

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2011-2012 Registration Request

I understand the following must be complete and included in order to have my registration request processed:

- First, second, third choice of session
- **Last and first name** of each child
- Religious Education grade in September for each child
- **Baptismal Certificate** (for children new to the program only)
- *Parishioner number* (if new to the program)
- **Check** with registration fees **made out to St. Stephen Parish** (REL ED 11 - 12 in memo) payable within 5 days of submitting request
- Address, Phone #'s, **email address**
- Signed Emergency contact form

If applicable...

- Necessary documentation for medical or educational needs or modifications
- Summer REC Contract

Grades 1 - 6 (Beginning in September) Monday, Tuesday, or Wednesday 4:30-6:00pm OR Saturday 9:30-11:00am

Grade 7 (Beginning in September) Tuesdays only 7:00 - 8:30pm

Grade 8 (Beginning in September) Wednesdays 7:00 – 8:30pm + specials as scheduled

SPECIAL NEEDS RE (all grades) Sundays 10am

Child Last Name	First Name	Rel Ed Grade September 11	1 st Choice Session (M,T,W, S, REC)	2 nd Choice Session (M,T,W, S, REC)	3 rd Choice Session (M,T,W, S, REC)

My child/ren attended Religious Education last year Y/N; If yes, grades attended in 2010 _____

I am willing to volunteer (please circle)

Teacher (Catechist)/ Class Assistant/ Office help/ Substitute Teacher

Grade _____ Day _____

- **REGULAR REGISTRATION – (June 2 – August 25, 2011)**
 One Child - \$180 Two Children - \$240 Three or More Children - \$305
- **SACRAMENTAL ACTIVITY FEES (These are in addition to the above)**
 Confirmation (8th grade) \$160 First Communion (2nd grade) \$55

Registration	\$
REC	\$
Sacramental	\$
	\$
	\$
Total Amount Paid	

For Office Use Only
Check # _____ \$ _____ Cash _____
Initial _____

Family Last Name _____

Child Last Name (if different) _____

e-mail _____

Alt e-mail _____

Mailing Address: _____

Town _____ Zip _____

Home Phone: _____

Father's Name: _____

Religion _____

Cell Phone _____

Mother First/**Maiden** _____

Religion _____

Cell Phone: _____

Step-Parent/Legal Guardian Name: _____

Cell Phone: _____

LAST NAME : _____ (2)

<p>In Case of Emergency: Person to be contacted if Parent/Legal Guardian cannot be reached:</p> <p>Name: _____ Phone: _____</p>
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Relationship: _____

Doctor for Emergency: _____ Phone: _____

Address: _____

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 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.

I agree to follow the policies of the Religious Education program as stated in the parent/family handbook found on line at www.warwickinfo.net/ststephen

Parent/Guardian Signature: _____ *Date:* _____

CONFIDENTIAL INFORMATION

Please indicate any that apply for each child so that we may provide the safest and best learning environment for your child! Give a brief explanation of items marked ...

Does your child have any of the following?
Please indicate Yes (with explanation) or No

- Physical conditions and/or Disabilities Y/N

Treatments and accommodations _____

- Learning difficulties Y/N

- IEP accommodations especially related to reading and testing, resource room or special education services. Y/N

Treatments and accommodations _____

- Emotional conditions Y/ N _____
- Treatments and accommodations _____

Last Name : _____(3)

- Allergies: (Food, environmental) Please specify

- Epi-pen needed? Y/N Will bring weekly Y/N

- Related medications

- Family or other personal situation: Y/N _____
(i.e. Divorce, remarriage, parent deceased)

- Other

(This information will be shared only with the classroom teacher to whom your child is assigned)

Child will be picked up from Religious Education by:

Name: _____ Phone # _____

Name: _____ Phone # _____

Additional Information:

LAST NAME : _____(4)