

**Saint Rose of Lima**  
 Religious Education Program  
 Registration Form 2010-2011

**Family Information**

First time in the Program?  YES  NO      Are you a parishioner?  YES  NO

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home \_\_\_\_\_  
 Mother's Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home \_\_\_\_\_

Are Parents: Married  Divorced  Other  Legal Guardian if different than above: \_\_\_\_\_

Are there any specific circumstances our office should be aware of?  
 Child resides with: Both Parents  Mother  Father  Step Mother  Step Father  Grandparents  Other

Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*\*\*IF THERE IS AN ADDRESS CHANGE PLEASE CONTACT 732-308-0215\*\*\***

Email: \_\_\_\_\_

Students Name(s)	Sacraments not received yet	Session/Day
	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	
	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	
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**TUITION FEES:** If financial circumstances prevent you from registering your child please ask to speak with Dir. Steven Olson  
 Please circle all appropriate fees included in payment

Tuition Fees:	Through June 15	Beginning June 16	Beginning August 15
One Child	\$130.00	\$150.00	\$170.00
Two or more children	\$225.00	\$245.00	\$265.00

If student is attending one of the following classes a SACRAMENTAL FEE of \$40 is due: (Volunteers must pay fee)

2 Grade <input type="checkbox"/>	Special prep A, B <input type="checkbox"/>
8 Grade <input type="checkbox"/>	RCIA II <input type="checkbox"/>

- The following are requirements per family:**
- \*Parents accept the responsibility for your child's/children's **regular attendance** at Religious Ed Class, Liturgy on **Sunday's and on Holy Days** and the class attendance policy in the parent handbook.
  - \*Have your child/children to class on time and to be prepared w/ completed homework, textbook, notebook, bible, pencil and/or supplies.
  - \*Review with your child what lessons/chapters that were covered in class.
  - \***Work with your child/children along with the Religious Ed. Office to eliminate discipline problems.**
  - \*Offer your services, if possible, to the Religious Ed Program. Volunteers are always encouraged and most welcomed. The giftedness of each individual creates a community of the Body of Christ for our children.
  - \***I accept the responsibility to adhere to all Religious Ed. Program policies including the parking lot policies during class time. I understand it is my responsibility to inform any other person responsible for my child's transportation of the Religious Ed. Program Policies including parking lot policies.**
  - \*I have read the above statements and will adhere to the requirements.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Local Emergency Contacts:**

NAME:	PHONE:	ADDRESS:
NAME:	PHONE:	ADDRESS:

**FOR OFFICE USE ONLY**

TOTAL AMOUNT ENCLOSED \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_

BALANCE DUE \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

FA \_\_\_\_\_ VOLUNTEER \_\_\_\_\_

# PLEASE SPECIFY EACH CHILD THAT WILL ATTEND 2010-2011

<b>Student Name #1:</b>		F <input type="checkbox"/> M <input type="checkbox"/>
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>GENDER</b>
<b>DATE OF BIRTH</b> / /	<b>PLACE OF BIRTH:</b>	
Month Day Year	CITY	STATE
<b>What School Will Your Child Attend on September of 2010-2011?</b>		
<b>Public School Grade?</b>	<b>Religious Ed. Grade Level:</b>	
Does he/she have any learning challenges and/or special needs? Please include classification:		
Please specify any allergies to medication/bee stings and/or foods:		
Does he/she have any medical conditions? If so, specify:		
Are there any other instructions? (I.e. dismissal, transportation, etc.)		

DAY/SESSION (PLEASE CHECK ONE)		REQUEST
<input type="checkbox"/> Grade 1 - 5 - Tuesday - 4:00 - 5:15PM	<input type="checkbox"/> Grade 1 - 5 - Thursday - 4:00 - 5:15PM	
<input type="checkbox"/> Grade 6 - 8 - Tuesday - 7:00 - 8:15PM	<input type="checkbox"/> Grade 6 - 8 - Thursday - 7:00 - 8:15PM	
<input type="checkbox"/> Grade K - 8 - Saturday - 9:30 - 10:45PM		

<b>Student Name #2:</b>		F <input type="checkbox"/> M <input type="checkbox"/>
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>GENDER</b>
<b>DATE OF BIRTH</b> / /	<b>PLACE OF BIRTH:</b>	
Month Day Year	CITY	STATE
<b>What School Will Your Child Attend on September of 2010-2011?</b>		
<b>Public School Grade?</b>	<b>Religious Ed. Grade Level:</b>	
Does he/she have any learning challenges and/or special needs? Please include classification:		
Please specify any allergies to medication/bee stings and/or foods:		
Does he/she have any medical conditions? If so, specify:		
Are there any other instructions? (I.e. dismissal, transportation, etc.)		

DAY/SESSION (PLEASE CHECK ONE)		REQUEST
<input type="checkbox"/> Grade 1 - 5 - Tuesday - 4:00 - 5:15PM	<input type="checkbox"/> Grade 1 - 5 - Thursday - 4:00 - 5:15PM	
<input type="checkbox"/> Grade 6 - 8 - Tuesday - 7:00 - 8:15PM	<input type="checkbox"/> Grade 6 - 8 - Thursday - 7:00 - 8:15PM	
<input type="checkbox"/> Grade K - 8 - Saturday - 9:30 - 10:45PM		

<b>Student Name #3:</b>		F <input type="checkbox"/> M <input type="checkbox"/>
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>GENDER</b>
<b>DATE OF BIRTH</b> / /	<b>PLACE OF BIRTH:</b>	
Month Day Year	CITY	STATE
<b>What School Will Your Child Attend on September of 2010-2011?</b>		
<b>Public School Grade?</b>	<b>Religious Ed. Grade Level:</b>	
Does he/she have any learning challenges and/or special needs? Please include classification:		
Please specify any allergies to medication/bee stings and/or foods:		
Does he/she have any medical conditions? If so, specify:		
Are there any other instructions? (I.e. dismissal, transportation, etc.)		

DAY/SESSION (PLEASE CHECK ONE)		REQUEST
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**2010 - 2011**

GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
FIRST LAST

FATHER'S NAME: \_\_\_\_\_  
FIRST LAST

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GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
FIRST LAST

FATHER'S NAME: \_\_\_\_\_  
FIRST LAST

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GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
FIRST LAST

FATHER'S NAME: \_\_\_\_\_  
FIRST LAST

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GRADE YOUR CHILD WILL ATTEND: \_\_\_\_\_  
DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
FIRST LAST

MOTHER'S NAME: \_\_\_\_\_  
FIRST LAST

FATHER'S NAME: \_\_\_\_\_  
FIRST LAST