



# St. Denis Religious Education

P.O. Box 1139, Hopewell Jct., New York 12533  
(845) 227-3949 Fax# (845) 227-0435  
[www.stdenischurch.org](http://www.stdenischurch.org)

Today's Date: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parish Envelope #: \_\_\_\_\_  
Email: \_\_\_\_\_ How often do you use? \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Fee: _____
Late Fee: _____
Amt. Paid: _____
Check # _____ Cash _____
Date: _____
Balance Due: _____

**Best way to contact you:** \_\_\_\_\_  
Home phone/mom cell phone/dad cell phone/work phone/email

Custodial Parent: \_\_\_\_\_

**Biological Father's Name:** \_\_\_\_\_ **Biological Mother's Name:** \_\_\_\_\_

Biological Mother's Maiden Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Legal Guardian**, if not biological parents (must show legal papers) Y N

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_ Phone \_\_\_\_\_

**In case of Emergency, Person to Contact if Parent/Legal Guardian cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Doctor of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

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 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 /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Information:**

I am interested in volunteering:  Teacher  Teaching Assistant  Substitute Teacher  
 Office Assistant  Fundraising  Other \_\_\_\_\_

#1  
Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_ Sex: \_\_\_\_\_  
Health Problems/Learning Disabilities/Allergies: \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

\_\_\_\_\_ **MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.**

<b>Religious Education Class: Day preferred:</b> _____ <b>Grade:</b> _____
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#2  
Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_ Sex: \_\_\_\_\_  
Health Problems/Learning Disabilities: \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

\_\_\_\_\_ **MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.**

<b>Religious Education Class: Day preferred:</b> _____ <b>Grade:</b> _____
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#3  
Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_ Sex: \_\_\_\_\_  
Health Problems/Learning Disabilities: \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

\_\_\_\_\_ **MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.**

<b>Religious Education Class: Day preferred:</b> _____ <b>Grade:</b> _____
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