

St. Columba's Religious Education Program
29 High Street, Chester, NY 10918 ~ 845-469-9503

We Share (online giving)	Without We Share (online giving)
Early Bird Special 4/2-5/14 1 child \$85 ~ 2 children \$125 ~ 3 or more \$155	1 child \$145 ~ 2 children \$185 ~ 3 or more \$ 215
After 5/14 ~ 1 child \$100 ~ 2 children \$140 ~ 3 or more \$170	1 child \$170 ~ 2 children \$210 ~ 3 or more \$240
* Sacramental Fee First Penance and First Holy Communion \$25 * Confirmation \$65	

Wednesday Program (4:30PM – 6:00PM) - K/1, 4th, 5th, & 6th
Sunday Program (9:00AM-10:30AM) - K/1 (only 24 seats), 2nd, 3rd, 4th/5th, & 6th
Sunday Program (11:30AM – 12:45PM) 7th & 8th (Confirmation)

Registration Form 2018/2019

Child's Full Name as on Baptismal Certificate _____

Was Child baptized? Yes ____ No ____ ** Copy of Baptismal Certificate Attached _____

Child's Date of Birth _____ Name of school attending _____

School Grade this September _____ Religion Grade Level _____

Address _____
(Street) (city) (state) (zip)

email address _____

Father's Name _____ Religion _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Religion _____

Home Phone _____ Cell Phone _____

Living With: Please check appropriate line

___ Both Parents ___ Mother only ___ Father only ___ Mother/Stepfather ___ Father/Stepmother

Check Only if applicable:

___ Custody Papers ___ Guardianship papers ___ Restraining Order

Learning Disability(Remains Confidential) _____

Special Medical Condition/Medications: _____

Does Child have Allergies? _____ Yes _____ No List Allergies: _____

List Allergies: _____

Course of action to be followed if allergy presents an emergency condition:

Parent and Director of Religious Education agree on the following course of action:

What medication will be administered? _____

Who will administer medication? Name of Person _____ Role _____

Where will this medication be kept so as to be readily available? _____

Whenever emergency medication is administered, "911" will be called without exception!

PARENT/Guardian Signature: _____

Date: _____

Director of Religious Education Signature: _____

Date: _____

In Case of Emergency: (Give contact information specific to time of Religious Education)

Emergency Contact: _____ Relation to Child _____

Cell phone _____ Home phone _____

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the Parish Catechetical Program contact me. I understand that in the event of an emergency where the parent/guardian or emergency contact cannot be reached, member of the staff of St. Columba's have the authority to take my child/children from the building to seek medical assistance. 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

Photo Release: The St. Columba Religious Education Program has my permission to release pictures of my child for use in the newspaper, the Parish bulletin or display within the buildings of St. Columba.

Parent/Guardian Signature _____ **Date** _____

_____ Please register my cell phone on Flock Notes.

Office Only: Date Paid _____ Amount _____

Balance Due: _____

Check _____ Cash _____ Money Order _____

Sacramental Fee for First Penance and First Communion \$25 Paid _____ **Confirmation Sacramental Fee \$65** _____

