

REGISTRATION FORM
St. Patrick - St. Mary
Parish Religious Education Program
Newburgh, NY

Check# _____
Date: ____/____/____
Amount: \$ _____

2019-2020

The fee is \$100.00. Please make checks payable to St. Patrick's Religious Education Program.

Saturday from 9:30am-11:00am, Tuesday 5:00pm-6:30pm, or Wednesday from 5:00pm to 6:30pm

PLEASE FILL IN ALL INFORMATION **REGISTRATION FOR GRADE** _____

Registration will not be accepted unless all information on **both sides** is provided.

Name: _____ Date of Birth: _____

Address _____ Telephone# () _____ - _____

City/State/Zip _____ Emergency # _____ - _____ - _____

Religious Education Grade Last Attended _____ Year _____ Where _____

Father's Name _____ Occupation _____ Religion _____
(Or Legal Guardian)

Mother's Name _____ Maiden Name _____ Occupation _____ Religion _____
(Or Legal Guardian)

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

No child may receive Holy Eucharist or Confirmation unless he/she has attended two consecutive years in the program and has completed all required work. All transfer students must have a letter and permanent record card from the previous Religious Education Program.

All first-time registrations must be accompanied by a Baptismal Certificate.

Child Baptized: Yes _____ No _____ Name of Church: _____

Church Address: _____

Holy Eucharist: Yes _____ No: _____ Name of Church: _____

Church Address: _____

Public School attending in Fall 2019: _____ Grade _____

If you wish to mail in your registration, please include the registration form, the payment and a copy of the baptismal record if you are registering for the first time.
Please mail to: St. Patrick St. Mary Church, 55 Grand St., Newburgh, NY 12550 Attn: Religious Education Office

Please turn page over
Student Information Record

Special Medical Conditions: _____

**Procedures to be followed if
above condition presents an emergency:** _____

**In Case of Emergency:
Persons to Contact if Parents/ Legal Guardian Cannot Be Reached:**

Name: _____ **Phone:** _____

Address: _____

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 the 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:** _____