St. Patrick's Religious Education Registration for 2018-2019 School Year

General Registration Information

Class Schedule: Grades 1-8 Sunday 10:10 am - 11:40 am

Grades 1-4 Tuesday 3:45 pm - 5:00 pm

Grades 5-8 Tuesday 6:55 pm - 8:25 pm

Tuition:	Regular	Teacher's Children	Aide's Children	
1 Child:	\$ 300	\$ 250	\$ 275	
2 Children:	\$ 500	\$ 400	\$ 450	
3 Children:	\$ 750	\$ 650	\$ 700	
4 Children:	\$ 800	\$ 700	\$ 750	
5 Children	\$ 850	\$ 750	\$ 800	

- ❖ Make check payable to: St. Patrick's Church
- * Teachers and Aides: Only pay the discounted amount if your placement has been confirmed. If you are offering to be a teacher/aide, but placement is not yet confirmed, please pay full amount and we will refund the difference.
- Enclose one check per family and attach all registration forms.
- ❖ Financial Assistance: Please do NOT delay registration for financial reasons. Please submit the form immediately and contact the office if financial assistance is needed.

Registration Deadline:

March 27th, 2018 or late fee of \$50 will be charged.

- All registrations after March 27th will require a \$50 late fee.
- **Financial Assistance:** Please do NOT delay registration for financial reasons. Please submit the form immediately and contact the office if financial assistance is needed.

Volunteer Assistance Required:

Volunteering opportunities are: teacher, classroom aide, substitute teacher, substitute aide, babysitting, and office assistant. Each family is asked to do their part over the years that they have children in the program.

Special Requests/Concerns Information Sheet:

We depend on you to provide us with information that impacts your child's performance in the classroom. Any learning disabilities should be noted on the sheet along with other information the Catechist should know. If you have special requests/concerns please complete the enclosed sheet and return with your registration.

New Students:

First grade new students must provide a copy of their Baptism certificate. New students in other grades must provide a transcript from previous Religious Education Program or Catholic School. First Reconciliation and First Communion information must be provided if the child has received these sacraments.

Contact the office with any questions: (914) 234-3775 goodnews2@verizon.net

St. Patrick's Religious Education Registration Form 2018-2019 School Year

Student's Name: Cone student per sheet	Date:	_		
Name of public/private school attending Sept 2018:				
New Students must also complete a New Student Information Form ***********************************	Home Phone:	Email:		
New Students must also complete a New Student Information Form ***********************************	Name of public/private school attend	ing Sept 2018 :	Grade in Sept 2018:	
Please check desired class time for 2018-2019: Sunday 10:10am -11:40am (Grades 1-8) Tuesday 3:45pm-5:00pm (Grades 1-4) Tuesday 6:55pm-8:25pm (Grades 5-8) Registration Deadline: March 27th, 2018 (\$50 late fee after that date) Do Not delay registration for financial reasons. Submit the form immediately and contact the office. Please check off at least one area below that you will help with. Teacher Grade(s) Day Aide Grade(s) Day Substitute Teacher Grade(s) Day Baby sitting on Tuesday afternoon for children of Teachers/Aides.	Current Grade in Religious Educa	tion:		
Tuesday 3:45pm-5:00pm (Grades 1-4) Tuesday 6:55pm-8:25pm (Grades 5-8) Registration Deadline: March 27th, 2018 (\$50 late fee after that date) Do Not delay registration for financial reasons. Submit the form immediately and contact the office. The program is a volunteer program and each family is required to volunteer in some way. Please check off at least one area below that you will help with. Teacher Grade(s) Day Aide Grade(s) Day Substitute Teacher Grade(s) Day Baby sitting on Tuesday afternoon for children of Teachers/Aides.	**************************	· ·*********		******
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Substitute Teacher Grade(s) Day Baby sitting on Tuesday afternoon for children of Teachers/Aides.	Teacher	Grade(s)	Day	
Baby sitting on Tuesday afternoon for children of Teachers/Aides.	Aide	Grade(s)	Day	
	Substitute Te	eacher Grade(s)	Day	
The more volunteers we get for this the less you will have to help. It might just be once of twice a semester.				once or twice a semester.
Office assistance	Office assist	ance		

Please read the back of this form and sign.
Return to the Religious Education Office by March 27th.
Include Payment.

Complete page two →

Fax: (914) 234-0579

Office use only: Date	Payment
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Students Name:
Please read and <u>INITIAL</u> each item and sign at bottom of page.
I understand that the classes are filled on a first-come-first-serve basis.
I understand that the program is made possible by the many volunteer teachers and aides.
I understand that actual class assignments and teachers will not be made until late August.
I understand that there is no guarantee that the requested class day or placement is possible.
I understand that the attendance at weekend Mass is a requirement of the program and will make every effort to bring my child to weekend Mass.
I have read and fully understand the Program Handbook. (Available in the office – they were given out when you joined the program)
I will notify the Religious Education Office with any changes in personal contact information, change in medical information or change in Emergency contact information that has been provided in the past.
I have reviewed my child's schedule for the coming year and will make sure that NO ongoing conflicts with other activities exist. I believe that the education in my faith is the top priority and will not allow my child to be absent from Religious Education classes for other activities. (ie $-5^{th}/6^{th}$ grade parents – please be aware that Sunday classes will conflict with football. If your child has any intention of playing football DO NOT register them for the Sunday classes.)
Has your child ever been a part of a <u>NON-CATHOLIC</u> religious education program?
YES NO
IN CASE OF ACCIDENT/ILLNESS REQUIRING IMMEDIATE MEDICAL ATTENTION:
If I am unable to be reached, I authorize the representative of St. Patrick's Religious Education Program to cal the physician below. If unable to contact this physician, the representative may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.
Doctor:Phone:
Address:
Medical Conditions and allergies:
Demont/Charlier Signature
Parent/Guardian Signature:Date: