

Registration for St. Charles Borromeo Parish Religious Education Program 2019-2020 School Year

I/We are requesting Religious Education Instruction for our child(ren) and agree to abide by the rules and regulations of the Parish Religious Education Program at St. Charles Borromeo, Gardiner, NY 12525.

We are members of the parish and contribute toward its support.

We will fulfill the parish volunteer requirement during the school year.

Please sign for this as well as the Medical statement, Photo Release, and Safe Environment statement
No registration can be processed without signature or for non-members of the parish.

Registration Fees:

_____ \$100 for one child _____ \$25 fee for Sacramental Preparation (First Holy Communion)
 _____ \$150 family rate for more than one child _____ \$50 fee for Sacramental Preparation/Retreat (Confirmation)
 _____ \$25 book fee, per child

*** EARLY BIRD SPECIAL: Register BY Feb 28th and receive \$5 off registration for 1 child/\$10 off family rate
 (Registration received after July 31st will incur a \$10 LATE FEE)

Family Name: _____

Parents' Names: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Cell Phone: _____

2nd Email: _____**1st Child's Name:** _____

Grade: _____

Birth Date: _____

Church Baptized: _____

Special Needs: _____
_____**2nd Child's Name:** _____

Grade: _____

Birth Date: _____

Church Baptized: _____

Special Needs: _____
_____**3rd Child's Name:** _____

Grade: _____

Birth Date: _____

Church Baptized: _____

Special Needs: _____

***Note: Special Needs include: Learning Disabilities, ADD/ADHD, Autism, Physical Impairment, Medical Problems, Allergies, etc. and are shared with your child's Catechist for his/her educational/medical benefit. We want all children to be successful.**

Instruction can be modified for children with special needs if we know about those needs ahead of time.

Please let us know of any special learning or medical conditions and procedures that we should follow:

Parish Family Volunteer Requirement

Please check one or more Parish event(s) that parent and child will volunteer to assist with:

- | | |
|---|---|
| <input type="checkbox"/> Chicken Bar-b-que (Fall) | <input type="checkbox"/> Advent Event (Nov/Dec) |
| <input type="checkbox"/> Flea Market (September) | <input type="checkbox"/> Lenten Event (Feb/March) |
| <input type="checkbox"/> Halloween/All Saints/All Souls Event (Oct/Nov) | <input type="checkbox"/> Rummage Sale (April) |
| <input type="checkbox"/> VBS Summer Camp (July) | |

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

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Doctor For Emergency: _____ Phone Number: _____

Address: _____

Hospital Preference: _____

In case of an 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 above and follow the physician’s instructions. If it is impossible to contact this physician, the representative may make whatever arrangements seem necessary (including calling 911). I agree to assume the financial responsibility for any diagnosis, treatment and/ore medication deemed necessary.

If it is necessary that my child be taken from the building where Catechetical sessions are held, I designate the following person(s) as having the authority to do so in my place:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

*****Text Messaging for Closings & Emergencies ONLY*****

I give permission for Christina Wynn, CRE, to send a text message to this number(s):

to notify me of class cancelation due to inclement weather and/or to notify me in the case of a program emergency and necessary instructions (ie: early dismissal, building evacuation, accident, lock-down, etc).

OR: (Check Here) if you DO NOT wish to be contacted via Text Message (class cancelations will still be announced via email to all families)

To the best of my knowledge, all information given is accurate and complete. I/We hereby consent to and authorize the necessary procedures that have been stated above. I/We also confirm that I/we are members of St. Charles Borromeo Church, contribute toward its support, fulfill our family volunteer requirement, and agree to abide by the conditions set forth in the Religious Education Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

Photo Release Form

St. Charles Borromeo
Parish Religious Education Program
2212 Rt. 44/55
Gardiner, NY 12525

I grant to **Christina Wynn, Coordinator of Religious Education at St. Charles Borromeo Church**, the right to take photographs of me and my family in connection with the Parish Religious Education Program (including Catechetical class sessions and Parish Family Catechesis Events).

I agree that **Christina Wynn, Coordinator of Religious Education at St. Charles Borromeo Church**, may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Photos will be used specifically in the monthly Parent Newsletters that are sent via email (Mailchimp) to all registered families in the Catechetical program, as well as to all of the Catechists, Pastor, and Church Staff.

I have read and understand the above:

Children's Names: _____

Parent's Signature: _____

Parent's Printed name: _____

Address: _____

Date: _____

OR: _____ I DO NOT grant permission for photographs to be taken of me or my children

Safe Environment Training for Children -- Opt-Out

The Bishops Charter for the Protection of Children and Youth and the Safe Environment Policies of the Archdiocese of New York require that all children in our schools and religious education programs be given safe environment training that is age-appropriate and in accord with Catholic moral principles. The Archdiocese of New York provides such training through the curriculum entitled "Right, Safe, and Good Relationships", and by offering parents supplementary training materials (which are available on the internet at www.archny.org/pastoral/safe-environment-program/training/). If you choose not to have your child participate in this training, please sign this form, and acknowledge that the supplementary training materials have been offered to you.

Parish Name: _____

Child's Name: _____

Child's Grade: _____

Parent's Name: _____

I do not wish my child to participate in the safe environment training offered by his/her religious education program, and acknowledge that safe environment training materials have been offered to me.

Parent's Signature

Date