

**SACRED HEART RELIGIOUS EDUCATION PROGRAM
26 STILL ROAD MONROE, NY 10950**

**(845) 782-7420
2018-2019**

PLEASE PRINT CLEARLY

RE-REGISTRATION

DATE _____

FAMILY NAME _____ (PARENTS FIRST NAMES)

HOME ADDRESS _____
STREET CITY ZIP

• MAILING ADDRESS, IF DIFFERENT FROM ABOVE _____
STREET CITY ZIP

FAMILY E-MAIL ADDRESS: _____

HOME TELEPHONE (____) _____ CELL (____) _____ IS ADDRESS/PHONE NEW _____

OTHER LOCAL EMERGENCY CONTACT _____ (____) _____
NAME LOCAL TELEPHONE

LANGUAGE SPOKEN IN THE HOME _____

CHANGE IN MARITAL STATUS _____

STEP PARENT NAME (if applicable) _____ RELIGION _____

FATHER'S OCCUPATION _____ WORK (____) _____ CELL (____) _____

MOTHER'S OCCUPATION _____ WORK (____) _____ CELL (____) _____

**TO BE REGISTERED
CHILD(REN)'S NAME**

ENTERING IN SEPT.

**LAST YEAR
CATECHIST**

**"CHURCH"
At-Home
PROGRAM**

<u>Last</u>	<u>First</u>	<u>Boy</u>	<u>Girl</u>	<u>Grade</u>	<u>School</u>	<u>LAST YEAR CATECHIST</u>	<u>"CHURCH" At-Home PROGRAM</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

****GRADES 3,4,5, 6 PLEASE CHECK ONLY
IF REGISTERING FOR THIS PROGRAM**

NEW CHILD INFORMATION

LAST NAME _____ FIRST NAME _____

BIRTHDATE ____/____/____ PLACE OF BIRTH _____ SEX M - F

GRADE IN SEPTEMBER _____ PUBLIC SCHOOL ATTENDING _____

Baptism ____/____/____ Church Street Address City/State Zip

BAPTISMAL CERTIFICATE VERIFIED BY STAFF _____ (initial)

(OVER)

SPECIAL MEDICAL CONDITION (IF ANY)

CHILD'S NAME _____

CONDITION/MEDICATION(S)_____

PROCEDURE TO FOLLOW IF CONDITION PRESENTS AN EMERGENCY _____

CHILD'S NAME _____

CONDITION/MEDICATION(S)_____

PROCEDURE TO FOLLOW IF CONDITION PRESENTS AN EMERGENCY _____

LEARNING DISABILITY (IF ANY)

CHILD'S NAME _____

CONDITION/MEDICATION(S)_____

INDICATE HYPERACTIVITY, ADD, ADHD, READING, ETC.

CHILD'S NAME _____

CONDITION/MEDICATION(S)_____

INDICATE HYPERACTIVITY, ADD, ADHD, READING, ETC.

CHILD(REN) LIVES WITH _____

PARENTS; MOTHER, STEPFATHER; FATHER, STEPMOTHER; GRANDPARENTS; AUNT; UNCLE; GUARDIAN

If there is anything else about your child or family situation you would like to share with us, please use a separate sheet of paper.

THIS PORTION MUST BE COMPLETED AND SIGNED

IN CASE OF EMERGENCY

CHILD(REN)'S PEDIATRICIAN _____ () _____

DOCTOR'S NAME

PHONE

In case of emergency regarding my child/children, 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 here is accurate and complete. I hereby consent to, and authorize procedures that have been stated above.

Signature _____ Date _____

Parent/Guardian

METHOD OF PAYMENT

Please Make CK/MO payable to Sacred Heart Religious Education Program

Circle Cash Check Money Order Payment Plan Letter of
Financial Difficulty

Amount Due \$ _____ Amount Paid \$ _____ CK/MO # _____ Date _____ Payments \$ ____/Month Attached _____

Verified by Staff _____