

IMMACULATE HEART OF MARY
Parish Religious Education Program
2018-2019

Tuition: \$300.00 for 1 child; \$435.00 2 or more children

Must be paid with returned form

For Office use only _____

FAMILY NAME: _____

CHURCH ENVELOPE # _____

REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT THE BAPTISMAL CERTIFICATE.

FATHER'S INFORMATION

First Name _____

Last Name _____

Religion _____

Marital Status _____

Single Parent Name and Address _____

MOTHER'S INFORMATION

First Name _____

Last Name _____

Religion _____

Marital Status _____

Maiden Name _____

E-Mail Address-This will only be used for Religious Education updates. All e-mail addresses will be kept confidential.

FAMILY INFORMATION:

Address _____

City _____

State _____ Zip Code _____

Phone # _____

Mom's Cell Phone _____

Registered in Parish _____ Yes _____ No

Dad's Cell Phone _____

FAMILY EMERGENCY RECORDS

Father's Employer _____

Work Phone _____

Mother's Employer _____

Work Phone _____

Emergency Contact _____

Home Phone _____

Cell Phone _____

Family Doctor _____

Phone _____

Authorization to Act _____ Yes _____ No

Signature _____

STUDENT INFORMATION

First Name _____
Last Name _____
_____ Male _____ Female
Birth date _____
Child lives with _____
Alternate Address _____

School Attending _____
Grade 2018-2019 _____
Illness/Allergy _____
Learning Disability/Special Needs _____
Year Entered Program _____

STUDENT SACRAMENTAL RECORD—A copy of your child's Baptismal Certificate must accompany this form.
REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT THE BAPTISMAL CERTIFICATE.

Name _____
Baptized ___ Yes ___ No Church _____
Date _____
City/State _____
Reconciliation _____ Yes _____ No
Date _____
Church _____
City/State _____

First Communion _____ Yes _____ No
Date _____
Church _____
City/State _____
Confirmed _____ Yes _____ No
Date _____
Church _____
City/State _____

INFORMATION – STUDENT #2

First Name _____
Last Name _____
_____ Male _____ Female
Birth date _____
Child lives with _____
Alternate Address _____

School Attending _____
Grade 2018-2019 _____
Illness/Allergy _____
Learning Disability/Special Needs _____
Year Entered Program _____

STUDENT SACRAMENTAL RECORD-STUDENT #2

Name _____
Baptized ___ Yes ___ No Church _____
Date _____
City/State _____
Reconciliation _____ Yes _____ No
Date _____
Church _____
City/State _____

First Communion _____ Yes _____ No
Date _____
Church _____
City/State _____
Confirmed _____ Yes _____ No
Date _____
Church _____
City/State _____

INFORMATION – STUDENT #3

First Name _____

Last Name _____

_____ Male _____ Female

Birth date _____

Child lives with _____

Alternate Address _____

School Attending _____

Grade 2018-2019 _____

Illness/Allergy _____

Learning Disability/Special Needs _____

Year Entered Program _____

STUDENT SACRAMENTAL RECORD-STUDENT #3

Name _____

Baptized ___ Yes ___ No Church _____

Date _____

City/State _____

Reconciliation _____ Yes _____ No

Date _____

Church _____

City/State _____

First Communion _____ Yes _____ No

Date _____

Church _____

City/State _____

Confirmed _____ Yes _____ No

Date _____

Church _____

City/State _____

INFORMATION – STUDENT #4

First Name _____

Last Name _____

_____ Male _____ Female

Birth date _____

Child lives with _____

Alternate Address _____

School Attending _____

Grade 2018-2019 _____

Illness/Allergy _____

Learning Disability/Special Needs _____

Year Entered Program _____

STUDENT SACRAMENTAL RECORD-STUDENT #4

Name _____

Baptized ___ Yes ___ No Church _____

Date _____

City/State _____

Reconciliation _____ Yes _____ No

Date _____

Church _____

City/State _____

First Communion _____ Yes _____ No

Date _____

Church _____

City/State _____

Confirmed _____ Yes _____ No

Date _____

Church _____

City/State _____

Student Information Record

Family Name _____

Dismissal Instructions

Name of each child <u>Enrolled in our program</u>	Grade of each child	May Your Child Walk Home without an adult? <u>Who may your child go with?</u>
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____
4. _____	_____	_____
_____	_____	_____

Special Medical conditions: Please include any special medical conditions, allergies, learning disabilities, difficulty with reading, ADHD, etc.

Name and Grade of each child enrolled in our program that has special needs. Please list the special needs.

1. _____

2. _____

3. _____

4. _____

Procedures to be followed if above condition presents an emergency _____

**In Case of Emergency:
Persons To Contact If Parent/Legal Guardian Cannot Be Reached:**

First Contact _____ Home Phone: _____

Cell Phone/Beeper _____ Relationship _____

Second Contact _____ Home Phone: _____

Cell Phone/Beeper _____ Relationship _____

Doctor for emergency: _____ Phone/Beeper: _____

Address: _____

In case of minor 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 this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. In case of serious accident or illness, I authorize that the representatives of the parish catechetical program call 911 immediately. 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 _____

During the year we hold special events: Christmas Pageant, food drives, service projects, Communion, Confirmation. We would like to use pictures, digital images and videos on our website, local newspaper articles, and flyers. No student's name will appear on any materials that are submitted. The form below will be used to document your permission concerning taking photographs of your child in a classroom environment.

Permission Slip

Student Name: _____ Grade: _____

I am the parent/legal guardian of the child named above. I have received and read the letter regarding possible photographs/video of my child.

I DO give permission to you to include my child's image as he or she participates in Immaculate Heart of Mary Religious Ed. Program.

I DO NOT give permission to you to include my child's image.

Parent/Guardian Signature _____ Date _____

Immaculate Heart of Mary Religious Education Program

201 Boulevard,
Scarsdale, NY 10583
914-723-7593
IHMSOR@AOL.COM

June, 2018

Dear Parents:

As you know, in order to be a part of our Religious Ed. Program, your family must be registered members of Immaculate Heart of Mary Parish.

This includes regular attendance at Sunday Mass and financial support of our parish. Please complete the information below and return it with your registration form.

Thank you for your cooperation.

Sincerely,

**Mrs. Diane Meade
Coordinator of
Religious Education**

**Rev. Thomas A. Lynch
Pastor**

**Mr. Nicholas DeGiorgio
Primary Grade Coordinator**

Family Name _____

Are you a registered member of Immaculate Heart of Mary Parish? _____

Do you receive church envelopes? _____

Envelope # _____

Dear Parents:

To efficiently run our program, we need your help.

Please consider volunteering for one of the following areas of need:

Catechist-To teach our children about their faith in a faith filled classroom setting.

Monday 3:30_____ 5:15_____ Grade_____

Wednesday 3:30_____ 5:15_____ Grade_____

Substitute Catechist-To come into the classroom when the regular Catechist is unable to make the class.

Monday 3:30_____ 5:15_____ Grade_____

Wednesday 3:30_____ 5:15_____ Grade_____

Catechist Aide-To help the Catechist with their class.

Monday 3:30_____ 5:15_____ Grade_____

Wednesday 3:30_____ 5:15_____ Grade_____

Class Mother -To help the Catechist with activities when needed, to make occasional phone calls, and collect money for a Catechist gift.

Monday 3:30_____ 5:15_____ Grade_____

Wednesday 3:30_____ 5:15_____ Grade_____

Any other gifts or talents especially crafts and music that you feel might add to our program:

Name_____ Phone Number_____