

Religious Education Registration

If you are not registered with the parish, (meaning you don't receive envelopes or Church mailings), we will be happy to give you the form and assist you in becoming a member of the parish.

Registered Parishioners are welcome to join our Religious Ed program as well as CYO and other Church organizations.

Holy Name of Jesus Religious Education Ministry

70 Petersville Road New Rochelle NY 10801

914-576-6038 or 914-563-1017 (Cell)

hnsred@gmail.com www.hnjparish.com

2019-2020 Registration

Check# _____ Date Received _____

FAMILY NAME: _____ **CHURCH ENVELOPE#** _____

FATHER'S NAME: _____

MOTHER'S FIRST / MAIDEN NAME _____

MOTHER'S RELIGION: _____ **FATHER'S RELIGION:** _____

MARITAL STATUS: MARRIED _____ **SEPARATED** _____ **DIVORCED** _____ **SINGLE PARENT** _____

ADDRESS : _____

HOME PHONE: _____ **MOM CELL:** _____ **DAD CELL:** _____

MOM EMAIL: _____ **DAD EMAIL:** _____

Alternative Email: _____ **CELL:** _____

Person other than parent who is allowed to pick up children: Name _____

Telephone Number: _____

****New Student Only: Baptismal Certificate must be returned with application in order to continue with Registration. If baptized at Holy Name , I will look up records, please indicate church** _____

Students Name _____ Date of Birth _____ Grade _____ Sunday or Tuesday _____

Students Name _____ Date of Birth _____ Grade _____ Sunday or Tuesday _____

Students Name _____ Date of Birth _____ Grade _____ Sunday or Tuesday _____

Students Name _____ Date of Birth _____ Grade _____ Sunday or Tuesday _____

Students Name _____ Date of Birth _____ Grade _____ Sunday or Tuesday _____

Emergency Information: 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 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:** _____

My signature states that I am giving permission for media release. (There are times when we make take pictures of special events, pageants and other activities and would like to use those pictures on our website, bulletins or Facebook page.

Parent's Signature _____ **Date** _____