

- **PLEASE PRINT FORMS AND MAIL with any corrections to:**

**ST. JOSEPH'S CHURCH**

**95 PLUM BROOK RD.**

**SOMERS, NY 10589**

**ATTN: Religious Education**

**COMPLETE REGISTRATION INCLUDES:**

- 1) RELIGIOUS EDUCATION STUDENT APPLICATION WITH SESSION TIME/DAY selected. PLEASE INDICATE A 2<sup>ND</sup> CHOICE.**
- 2) CHECK MADE PAYABLE TO: ST. JOSEPH'S CHURCH  
TUITION PAYMENT MUST BE MADE IN FULL. NO REFUNDS.**
- 3) 1<sup>st</sup> TIME REGISTRANTS MUST PROVIDE BAPTISMAL CERTIFICATE (EVEN IF YOUR CHILD WAS BAPTIZED AT ST. JOSEPH'S)**

**PLEASE NOTE:**

- CLASS ASSIGNMENTS ARE BASED ON THE DATE A **COMPLETE** REGISTRATION PACKET IS RECEIVED.
- ST. JOSEPH'S RELIGIOUS EDUCATION IS AVAILABLE TO THOSE FAMILIES THAT HAVE BEEN FULLY REGISTERED PARISHIONERS SINCE FEBRUARY 1, 2019
- REGISTRATION ENDS ON **JUNE 30, 2019**. CLASSES ARE FILLED ON A FIRST COME, FIRST SERVED BASIS.

# 2019-2020 ST JOSEPH'S RELIGIOUS EDUCATION STUDENT APPLICATION

FAMILY NAME \_\_\_\_\_ PARISH ID # \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SESSION \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SESSION \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SESSION \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SESSION \_\_\_\_\_

## GRADES 1 THRU 7

SUNDAY 10:20am – 11:35am

MONDAY 4:30 pm – 5:45 pm

## LOCATION

KENNEDY CATHOLIC HIGH SCHOOL

KENNEDY CATHOLIC HIGH SCHOOL

## GRADE 8

WEDNESDAY 5:00pm -6:15 pm

WEDNESDAY 6:45pm – 8:00 pm

## LOCATION

ST. JOSEPH'S PARISH CENTER

ST. JOSEPH'S PARISH CENTER

## GRADES 1, 3, 4, 5, 6 & 7

\*HOME PROGRAM

## LOCATION

ST. JOSEPH'S PARISH CENTER

When registering for Home Program please complete & sign Home Program/Parent Agreement.

\*Limited Availability

## ALL GRADES

## 2019– 2020 TUITION

1 Student \$270.00

2 Students \$365.00

3 Students \$400.00

4 or More \$450.00

GRADES 2 AND 8 -- Additional \$55 Sacramental Fee

TOTAL TUITION: \$ \_\_\_\_\_

SACRAMENTAL FEE: (GRADES 2 AND 8) \$ \_\_\_\_\_

DONATION FOR NEEDY FAMILY: \$ \_\_\_\_\_

(OPTIONAL)

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: ST. JOSEPH'S CHURCH

PARENT SIGNATURE \_\_\_\_\_

Please return with the Student Info Sheet and tuition payment

**St. Joseph's Religious Education**  
**2019-2020 Student Information Sheet ~ Please print**

**Name:** \_\_\_\_\_ **G:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Street Address:**  
\_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_

**Phone:**

Another Emergency # \_\_\_\_\_

**E Mail Address:**

**School District:**

**Father's name:**

**Business address:**

**Cell Phone (Dad):**

**Mother's Name:**

**Business address:**

**Cell Phone (Mom)**

**Legal Guardian's Name:**

**Cell Phone:**

**Business Phone:**

**Special medical conditions:**

**Procedures to be followed:**

**In Case of Emergency:**  
**Persons to Contact if Parent/Guardian Cannot be Reached:**

**Name:**

**Phone#:**

**Relationship:**

**Address:**

**Doctor for emergency:**

**Phone:**

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 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 is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Baptismal certificate received (office use only)**

# 2019-2020 St. Joseph's Religious Education

## Parent Understanding for Enrollment

**Parents have the first responsibility for the education of their children.** Catholic Catechism (2223)

The purpose of this Understanding is to ensure St. Joseph's Religious education is a place of prayerful faith formation.

- I understand that the role of St. Joseph's Religious Education is to **assist** rather than replace my parental responsibility to nurture the faith of my child.
- I understand weekly mass attendance is essential to our spiritual life as Catholics. We will attend mass each Sunday.
- I will teach my child to pray by praying daily with my child.
- I will attend all parent meetings or send a responsible representative in my place.
- I will bring my child to class weekly and on time.
- I will ensure my child will be respectful of the church, class venue (Kennedy Catholic HS and/or Parish Center).
- I will ensure my child completes all assignments and brings them to class.
- I will become familiar with the contents of the Parent Handbook, calendar, and weekly bulletin.

By signing below, I acknowledge that I have read the requirements as outlined above and will support my child/children in this program. Any student who disrupts a class with conversation that is not applicable to the subject or with inappropriate activities will be sent to the Director of Religious Education. Repeated offenses will result in permanent dismissal from the program.

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Parent's Printed Name

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Child's Printed Name

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Parents Signature

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Date

**2019-2020 St. Joseph's Religious Education**

**Home Program /Parent Agreement**

\_\_\_\_\_ I understand that weekly attendance at Mass is essential to our spiritual life as Catholics. We will attend Mass each Sunday and will turn in the Mass attendance slips to one of the priests at the end of Mass.

\_\_\_\_\_ I understand that we must attend the Home Family Program session dates on October 19th, 2019, December 14<sup>h</sup>, 2019, March 14<sup>th</sup>, 2020, Saturday, April 25<sup>th</sup>, 2020, and May 2<sup>nd</sup> 2020 from 9:00am-11:00am in the Parish Center. I further understand that vacations or sports schedules will not be accepted as suitable excuses for non- attendance.

\_\_\_\_\_ I understand that all Unit Assessments must be handed in along with the understanding that a Final Assessment Exam will be administered to my child on May 2nd - The final meeting date. A passing grade of 65 % must be achieved.

\_\_\_\_\_ I will attend the required Parent Meeting when scheduled

- Please note that if any of these obligations are not met and fulfilled, the Pastor will not permit your child to move into the next grade of Religious Education.

\*By signing below, I acknowledge that I have read the requirements above and will support my child(ren) in this Pilot Program.

Child's Name(s) \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

- Approval of Pastor \_\_\_\_\_ Date \_\_\_\_\_

Rev. Father John M. Lagiovane, Pastor

**All Home Program Sessions will be held in**  
**St. Joseph's Parish Center – 9:00am – 11:00**

**Session 1 – Saturday, October 19th, 2019 - Families Meet and Return completed Unit 1 Assessment. Pray Rosary in Honor of Month of Mary.**

**Session 2 – Saturday, December 14<sup>th</sup>, 2019 - Return completed Unit 2 & 3 Assessments - Session on Advent, and Preparation for Coming of the Lord – Advent Begins Sunday, November 29th.**

**Session 3 – Saturday, March 14<sup>th</sup>, 2020 - Return completed Unit 4 Assessment – Session on Church Season of Lent which Begins Wednesday, February 26<sup>th</sup>, 2020**

**Session 4 – Saturday, April 25<sup>th</sup>, 2020 – Return Completed Unit 5 Assessment**

**Session 5 – Saturday, May 2nd, 2020 – Students Come in for Final Assessment**