

Thank you for registering for Religious Education Classes for 2017-2018 school year.

Please note the following for registration:

- Please **fill out all** of the registration forms.
- For all **new students** we need a copy of your **child's Baptismal Certificate**.
- If your child attended Religious Ed. Classes at another parish, please supply a copy of their Progress Report.
- **On the Emergency Forms and on the Registration forms under Allergies and special Needs** or anything else you think we should know about please write it in the space provided. If your child does not have any allergies, special needs or anything you feel we should know about please write **NONE** in the space.
- If your child has not make their sacraments at St. Martin's Parish, please bring a copy of their **Baptism Certificate and Communion Certificate**. We will also need to know the month and year of their **Penance**.
- All fees from this year or previous years need to be paid in full before we can process the registration and place your child in a class. If you have any questions please call or see me. We try to accommodate every family situation.
- In order for children in the second grade to make their **sacraments of Penance and First Communion** they need to attend first and second grades.
- In order for a children to make their **Confirmation, they need to attend sixth, seventh, and eighth grades**. We also have a program for High School children who would like to make their Confirmation.
- We will have **Registration Week in August 2017**. During this week you will be able to pick up your child's textbook and room assignment.
 - August 21, 2017, from 9:30AM-1:30PM
 - August 22, 2017, from 9:30AM-1:30PM AND 4:30PM-8:00PM
 - August 23, 2017, from 9:30AM-1:30PM AND 4:30PM-8:00PM
 - August 24, 2017, from 9:30AM-1:30PM

Please note that textbooks and room assignments will not be given out on the first night of classes.

All fees must be paid by this week unless other arrangements have been made.

Please call the office @ 845-471-8728 if you have any questions.

Thank you.

Mrs. C. Fratto

Mrs. C. Fratto
Director of Religious Education

SESSION

TUESDAY EVENING: 5:30PM-7:00PM / GR. 1-8

ST. MARTIN de PORRES

WEDNESDAY EVENING: 6:15 PM-7:45 PM / GR. 1 - 8

RELIGIOUS EDUCATION PROGRAM

REGISTRATION FORM 2017-18

Family Information (Please Print)

FOR OFFICE USE ONLY

Reg. Date: _____
Fee: _____
Check # _____ Cash _____
Initial _____
Book Received: _____

Family Last Name _____ Date _____

Phone _____

Address _____ (CITY) _____ Zip _____

Parent E-mail Address _____

Father's Name _____ Religion _____ Phone (H) _____ (C) _____

Mother's Name _____ (MAIDEN) _____ Religion _____ Phone (H) _____ (C) _____

Are parents: Married _____ Divorced _____ Separated _____ Custodial Parent _____

Legal Guardian _____ Relationship _____ Religion _____

Are you new to the area? _____ Are you registered with St. Martin de Porres Parish? _____

Children's Information
Child #1 _____ Session _____

Child's Full Name _____ School _____ Grade (as of Sept. 2017) _____

Birth Date _____ Place of Birth _____ Sex: (M) (F)

Indicate the Sacraments this child has already received. Attach a certificate for any Sacrament not received at St Martin de Porres Church.

Baptism	_____	Date	_____	Name of Church & Location	_____
First Penance	_____				
First Communion	_____				
Confirmation	_____				

Please indicate below this child's previous formal religious education in Catholic schools or Religious Education programs; if none, please write "none"

Please indicate below any special needs this child has; if there is none, please write "none" (Allergies, Learning disabilities, emotional problems or physical disabilities)

Child #2 **Session** _____

Child's Full Name _____ School _____ Grade (as of Sept 2017) _____

Birth Date _____ Place of Birth _____ Sex (M) (F)

Indicate the Sacraments this child has already received. Attach a certificate for any Sacrament not received at St Martin de Porres Church.

Date	_____	Name of Church & Location	_____
Baptism	_____	_____	_____
First Penance	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Please indicate below this child's previous formal religious education in Catholic schools or Religious Education programs; if none, please write "none"

Please indicate below any special needs this child has; if there is none, please write "none" (Allergies, Learning disabilities, emotional problems or physical disabilities)

Child #3 **Session** _____

Child's Full Name _____ School _____ Grade (as of Sept 2017) _____

Birth Date _____ Place of Birth _____ Sex (M) (F)

Indicate the Sacraments this child has already received. Enclose a certificate for any Sacrament not received at St Martin de Porres Church.

Date	_____	Name of Church & Location	_____
Baptism	_____	_____	_____
First Penance	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Please indicate below this child's previous formal religious education in Catholic schools or Religious Education programs; if none, please write "none"

Please indicate below any special needs this child has; if there is none, please write "none" (Allergies, Learning disabilities, emotional problems or physical disabilities)

Fees before June 8, 2017

1 Child	\$165.00
2 Children	\$205.00
3 or more Children	\$225.00
Confirmation Fee	\$130.00
Communion Fee	\$ 30.00

Fees After June 8, 2017

1 Child	\$215.00
2 Children	\$255.00
3 or more Children	\$275.00
Confirmation Fee	\$130.00
Communion Fee	\$ 30.00

EMERGENCY INFORMATION RECORD

STUDENT LAST NAME:		STUDENT FIRST NAME:		DATE OF BIRTH:
PARENT/GUARDIAN NAME:			HOME PHONE:	
HOME STREET ADDRESS, CITY, STATE, ZIP:				
ALTERNATE HOME ADDRESS, CITY, STATE, ZIP:				ALTERNATE PHONE:
MOTHER'S BUSINESS PHONE:	MOTHER'S CELL PHONE:	FATHER'S BUSINESS PHONE:	FATHER'S CELL PHONE:	
EMAIL ADDRESS:				

IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:

NAME, ADDRESS, PHONE:	
NAME, ADDRESS, PHONE:	
STUDENT PHYSICIAN - NAME, ADDRESS:	PHONE:
STUDENT DENTIST - NAME, ADDRESS:	PHONE:
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE:	

ALLERGIES AND OTHER MEDICAL CONDITIONS: (PLEASE EXPLAIN CHECKED ITEMS BELOW)

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> DIABETES | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> RECURRING ILLNESS | <input type="checkbox"/> ADHD/LEARNING DISABILITIES |

<p>PARENT: <i>USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED</i></p>	<p>In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.</p>
PARENT SIGNATURE: _____	DATE: _____

Saint Martin de Porres Religious Education

E-MAIL Release & PARENT HANDBOOK 2017-2018 School Year

E-Mail Release

Is there an e-mail address where we can send Religious Education Program information?

E-Mail Address: _____

TO WHOM IT MAY CONCERN:

I hereby give permission for the Saint Martin de Porres Education Program to use my e-mail address to keep me informed of Program news. This could be for classes, LOFT (Learning Our Faith Together/Family Catechesis), parent meeting reminders, news or events.

Parent Signature _____

Date _____

Parent Handbook

I have received and will abide by the rules in the Parent Handbook.

Parent Signature _____

Date _____

Saint Martin de Porres Religious Education

PHOTO/Release 2017–2018 School Year

Photo Release

I hereby give permission for my son/daughter to be photographed or videotaped at St. Martin de Porres Religious Education Program classes/event. I realize that the photo may be published in the newspaper, a magazine, or our religious education website, or other publications. The video may be used for educational or informational purposes regarding the programs curriculum at St. Martin de Porres Religious Education Program.

Please also indicate whether other parents can video, or photograph your child.

_____ Yes _____ No

Student's Name(s)/Grades:

1. _____ Grade _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

Parent's Name Printed _____

Parent Signature _____

Date _____

Today's Date _____

Envelope # _____

Parish Pay _____

St. Martin de Porres Parish Registration Form

Would you like to enroll in Parish Pay? _____ **OR** Would you like to receive contribution envelopes? _____

HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Middle Name _____

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Suffix: Sr. ___ Jr. ___ II ___ III ___ Other _____

Maiden Name (if applicable) _____ Prior Parish _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Religion _____ Date of Birth _____ City/State & Country of Birth _____

Occupation _____ E-Mail Address _____

Marital Status: Single ___ Married: Catholic Marriage ___ or Civil Marriage ___ Widowed ___

Separated ___ Divorced ___ Annulled ___

Sacraments Received: Baptism ___ Communion ___ Confirmation ___

Spouse/Other Adult Living in Household

Last Name _____ First Name _____ Middle Name _____

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Suffix: Sr. ___ Jr. ___ II ___ III ___ Other _____

Maiden Name (if applicable) _____ Prior Parish _____

Cell Phone _____ Relationship to Head _____

Religion _____ Date of Birth _____ City/State & Country of Birth _____

Occupation _____ E-Mail Address _____

Marital Status: -Single ___ -Married: Catholic Marriage ___ or Civil Marriage ___ -Widowed ___

-Separated ___ -Divorced ___

Sacraments Received: Baptism ___ Communion ___ Confirmation ___

I/We are interested in: Extraordinary Minister of Holy Communion ___ Lector ___ Usher ___

Minister of the Eucharist to the Homebound/Sick ___ Cantor ___ Choir ___

Parish School ___ Religious Education Program ___ RCIA Program ___

Child One

Last Name _____ First Name _____ Middle Name _____

Suffix: _____ Relationship to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

M _____ F _____ School Attending _____ Grade _____

Date of Birth _____ City/State of Birth _____ Religion _____

Sacraments Received: Baptism _____ Communion _____ Confirmation _____

Child Two

Last Name _____ First Name _____ Middle Name _____

Suffix: _____ Relationship to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

M _____ F _____ School Attending _____ Grade _____

Date of Birth _____ City/State of Birth _____ Religion _____

Sacraments Received: Baptism _____ Communion _____ Confirmation _____

Child Three

Last Name _____ First Name _____ Middle Name _____

Suffix: _____ Relationship to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

M _____ F _____ School Attending _____ Grade _____

Date of Birth _____ City/State/Country of Birth _____ Religion _____

Sacraments Received: Baptism _____ Communion _____ Confirmation _____

Child Four

Last Name _____ First Name _____ Middle Name _____

Suffix: _____ Relationship to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

M _____ F _____ School Attending _____ Grade _____

Date of Birth _____ City/State/Country of Birth _____ Religion _____

Sacraments Received: Baptism _____ Communion _____ Confirmation _____

Is there any information you would like your Pastor to know? _____

**Welcome to the Parish Family of
St. Martin de Porres**