General Religious Ed Registration for 2018-2019

***Child’s Info***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** | **Parish** | |
|  |  |  |  | |
| **Home Address** | | **City, State** | | **Zip** |
|  | |  | |  |

|  |  |  |
| --- | --- | --- |
| **Birthday and Year** | **Grade entering in Fall 2018** | **Catholic School?** |
|  |  | ☐ No ☐ Yes - If yes: ☐ St. Joseph School ☐ Other: |

***Sacramental Info***

|  |  |
| --- | --- |
| **Baptism Date** | **Parish where Baptism took place** |
|  |  |
| **1st Penance Date** | **Parish where 1st Penance took place** |
|  |  |
| **1st Communion Date** | **Parish where 1st Communion was received** |
|  |  |

**Circle One:**

***Monthly Sessions & Sunday Program (K-5) Monday Program (K-5)***

***Summer Program (K-8)*** *8:45am-11:00am**4:30pm-6:00pm*

*During the school year During the school year*

*This program will start with Held at St. Joseph School Held at St. Joseph School*

*family sessions during the year*

*and end with the summer Start Date: Start Date:*

*program in 2019. Attendance at September 9, 2018 September 10, 2018*

*5/7 sessions during the year is*

*mandatory. See program*

*booklet for dates and locations.* ***Sunday******EDGE Program (6-8) Monday EDGE Program (6-8)***

*8:45am-11am 6:30pm-8:00pm*

*. During the school year During the school year*

***Family Faith Formation*** *Held at St. Alphonsus Parish Center Held at St. Alphonsus Parish Center*

***(K-8)***

*Monthly family sessions**Start Date: Start Date:*

*along with two lessons at September 9, 2018 September 10, 2018*

*home each month. See program*

*booklet for dates and locations.*

**The registration fee is $60 per child for the first two children, then $40 for any additional children. Checks should be written out to “Faith Formation”.**

**Mail registration forms to: Faith Formation, 90 Melrose Road, Auburn, NY 13021**

If you cannot afford the registration fee, please call the Faith Formation Office at 315-252-3439 to make arrangements.

***Child’s Health and Safety Info***

|  |  |
| --- | --- |
| **Physician’s Name** | **Physician’s Phone Number** |
|  |  |
| **Does your child have any allergies or special needs? (Feel free to attach a note if you like)** | |
| *All medications, epipens, etc must remain in the Religious Education Office for safekeeping during the program.*  *\*NKDA = No Known Drug Allergies* | |
| **Emergency Contact (If the parents aren’t available)** | **Emergency Contact’s Phone Number** |
|  |  |

***Who else has your permission to pick up your child at dismissal time?***

***Do you have any objections to your child’s photo being taken and/or displayed in church for special events? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_***

***Family Info***

|  |  |  |
| --- | --- | --- |
| **Mother’s Name** | **Mother’s best phone number (cell preferred)** | **Mother’s second best phone number (work/home)** |
|  |  |  |
| **Mother’s email address** | | |
|  | | |
| **Father’s Name** | **Father’s best phone number (cell preferred)** | **Father’s second best phone number (work/home)** |
|  |  |  |
| **Father’s email address** | | |
|  | | |

\*Please put at least one email down, as email one of our primary forms of communication.

☐ Married ☐ Divorced ☐ Separated

***Who is the primary contact (First person to call, email, etc.)?*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Anything else we need to know?***