

For office use only:
 Date Received: _____
 Amount Paid: _____
 Check # & Date _____

ST. CATHERINE OF SIENA RELIGIOUS EDUCATION REGISTRATION FORM

(Please print)!

Family Last Name:	Home Phone with Area Code:	E-Mail:
Street:	Mother's Name:	Work Phone: Cell Phone:
Town & Zip Code:	Father's Name:	Work Phone: Cell Phone:

STUDENT INFORMATION 2010/2011

If you intend to have your child/children in the Home Study Program, you must still register and pay the Registration Fee. Indicate "Home Study" next to child's name. The Home Study option is available only for grades 1, 3, 4, 5, 6, 7, and 8. Please refer to Handbook for further information).

Include children who attend Parochial school for our records (through grade 10) but do not include in Registration fee.

<u>Child's First Name</u> **	<u>Grade as of Sept., 2010</u>	<u>Birth Date mm/dd/yy</u>	<u>Name of School</u>	<u>***Sacraments Received***</u>
1.				<p><u>If you are new to our program, you must include a photocopy of your child's/children's Baptismal Certificate and, if applicable, a letter from your former parish(s) indicating any other sacraments received and grades completed.</u></p>
2.				
3.				
4.				

**If child's last name is different from the family name above, please indicate.

Please make sure you have read the enclosed handbook. Several important policy changes have been enacted for the 2010-2011 school year.

WE HAVE READ AND AGREE TO SUPPORT THE HANDBOOK ENACTED MAY, 2010

Parent/Guardian Signature

REGISTRATION FEE: \$50 PER CHILD (2 children: \$100; 3 children: \$150; 4 children \$200) Please make check payable to: St. Catherine of Siena and mail to Religious Education Office, St. Catherine of Siena, 10 North Pocono Road, Mountain Lakes, NJ 07046 (-if you have volunteered to teach this year, the registration fee is waived.)

PLEASE COMPLETE BOTH SIDES! ⇒

It is essential that we be made aware of any educational or physical special needs your child may have. Please indicate this information below. **We also request that you notify us again of any food allergies prior to retreats or any events where we are serving food.**

Allergies to Drugs or Food? _____ Special Medication or pertinent medical information: _____

Learning Disabilities or any other concerns you may have: _____

Emergency Contact: _____ Relationship to Student(s): _____ Phone: _____

MEDICAL RELEASE FORM

In the event of an emergency where medical treatment is required, I give my permission to St. Catherine of Siena staff or sponsor to obtain the services of a licensed physician. St. Catherine's will immediately attempt to contact a parent/guardian or emergency contact in case of such an emergency.

Also in case of emergency, I give my permission for St. Catherine's or its agents to transport my child/children if that becomes necessary during the 2010-2011 school year.

Signature of Parent/Guardian

Doctor's Name: _____ Phone No. _____

Health Insurance Company: _____ Policy Holder (Workplace): _____

Policy No. _____ ID# _____

Cardholder name (Name of insured): _____

WE NEED YOUR HELP! PLEASE VOLUNTEER

Teacher

Substitute Teacher

Babysitter

Office coverage during class time

Hall Monitor

Member of Christian Formation Advisory Council

- Did you remember:**
- 1.) Fill out both sides of the form
 - 2.) If new to our program, did you enclose photocopy of Baptismal Certificate, and prior Religious Education if applicable?
 - 3.) Read and sign agreement to support the Religious Education Handbook?
 - 4.) Read and sign medical release?
 - 5.) Enclose check made payable to St. Catherine of Siena. Fee is \$50 per child.

PLEASE COMPLETE BOTH SIDES! ⇒