

Sts. Peter & Paul and St. Ursula Church 2017-2018 Date _____ Paid _____
Religious Instruction Registration

Child's Name LAST FIRST Date of Birth Place of Birth Male or Female School Grade 2017-2018 New or Returning Student

1.						
2.						
3.						

2017-2018 School Attending 1. _____ 2. _____ 3. _____

Family Last Name _____ Child(ren) live with _____

Address _____ City _____ Apt _____ Zip _____

Relationship	Father	Mother	Guardian
Full Name			
Maiden Name	-----		-----
Religion			
Home Phone			
Cell Phone			
E-mail			
Emergency Contact Name	Phone #	Relationship	
I would like to help in the following way: Your name(s) _____			
CATECHIST ___ CATECHIST SUBSTITUTE ___ CATECHIST AIDE _____ SPECIAL ACTIVITIES ___ OTHER _____			

Child 1:

Sacrament	Date	Church	Address	Certificate Seen By
Baptism				
Communion				
Confirmation				

Catechesis for Sacrament of First Penance was completed in (Year) _____ (Parish) _____
 (Name, City, State)

Child 2:

Sacrament	Date	Church	Address	Certificate Seen By
Baptism				
Communion				
Confirmation				

Catechesis for Sacrament of First Penance was completed in (Year) _____ (Parish) _____
 (Name, City, State)

Child 3:

Sacrament	Date	Church	Address	Certificate Seen By
Baptism				
Communion				
Confirmation				

Catechesis for Sacrament of First Penance was completed in (Year) _____ (Parish) _____

Means of communication (Please write clearly!)

Email: _____

Text: _____

TUITION & FEES

TUITION \$200.00 (one child) \$250.00 (2 children) \$300.00 (3 + children)

SACRAMENTAL FEES (add to tuition fee)

Reconciliation/First Holy Communion \$100.00

Confirmation \$200.00 - Includes cost of the Confirmation retreat,
 Graduation gown and commemorative DVD

TUITION IS PAYABLE IN FULL UPON REGISTRATION

Registration and payment is **due by June 18, 2017**. Any registration received after this date will include a **\$50.00 late payment fee and will be subject to availability**.

Please make checks payable to Sts. Peter & Paul and St. Ursula.

DISMISSAL INSTRUCTIONS

2017-2018

Child Name	Grade	May your child walk home without an adult?	Child may walk home with
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1. _____
2. _____
3. _____

Sts. Peter & Paul and St. Ursula Church

2017-2018

Date _____

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SPECIAL MEDICAL CONDITIONS

Please include any special medical conditions such as: allergies, learning disabilities, difficulty with reading, ADHD, etc.

Child's Full Name	Medications (if needed)	Condition	Learning Disability Special Need
1. _____			
2. _____			
3. _____			

Procedure to be followed if above condition presents an emergency:

1. _____
2. _____
3. _____

IN CASE OF AN EMERGENCY: persons to be contacted if Parent/Guardian cannot be reached:

Name	Home Phone	Cell Phone	Relationship
1. _____			
2. _____			

DOCTOR FOR EMERGENCY: _____

PHONE # _____ CELL # _____
 ADDRESS _____ CITY _____ STATE _____

In case of a **minor 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 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.

In case of **serious accident or illness**, I authorize that the representatives of the parish catechetical program to **call 911 immediately**. 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 SIGNATURE _____ Date _____
 or
 GUARDIAN SIGNATURE _____ Date _____

Sts. Peter & Paul and St. Ursula Church
Religious Education Program
129 Birch Street, Fleetwood, NY 10552
religioused@stspeterpaulandstursula.org
914-668-9880

**MEDIA RELEASE FORM
2017-2018**

I am the parent or legal guardian of: Child's name(s)

1. _____

2. _____

3. _____

and have the authority to sign this media release.

In consideration of my child's participation in the Religious Education Program of Sts. Peter & Paul and St. Ursula Parish, Archdiocese of New York, I agree that photographs, pictures, video, or other media coverage of my child may be taken in connection with his/her participation in the program and any related activities and consent to the use of such photographs, pictures, videos, or other media coverage on Sts. Peter & Paul and St. Ursula Parish, Archdiocese of New York's website or other materials produced by Sts. Peter & Paul and St. Ursula Parish, Archdiocese of New York.

I have carefully read this Release Agreement, fully understand its contents and sign it of my own free will.

PRINT Child's name

Child May Participate? (Indicate Yes or No)

1. _____

2. _____

3. _____

PRINT Parent's/Guardian's Name (circle one) _____

Parent's/Guardian's Signature (circle one) _____

Date Signed _____