

# SAINT PATRICK'S RELIGIOUS EDUCATION CENTER



26 HUNTER STREET, HIGHLAND MILLS, NEW YORK 10930  
845-928-6688 or 928-3354  
[www.stpatrickshm.org](http://www.stpatrickshm.org)

March 09, 2009

## ***ATTENTION PARENTS AND GUARDIANS***

Registration forms are available on our website **Beginning March 9, 2009.** Please follow the instructions below to insure proper placement for your child/children, for the 2009-2010 Religious Education school year.

Please see that the registration form is complete with **no blank spaces** and **no failure to list first, second or third choices** otherwise your form will have to be returned to you. Please submit your **registration fee** with this form, however if you find the fee is a difficulty for you at this time, please let us know and we will still be happy to reserve a place for your child. In order to secure teachers, textbooks and the number of sessions per day, we need your help with this paper work. We thank you for your cooperation.

### ***Instructions for filling out registration forms:***

- Please read registration form carefully, some information has been added.
- Please use **baptismal names** if a child uses a nickname place it in parenthesis.
- Families currently enrolled in the program register all children on one form. Siblings coming to 1<sup>st</sup> grade are to be listed on **Part B** in the **New To The Program** box. **Baptismal certificates must** accompany new registrants.
- **Three choices** must be indicated as first choices are not always available.
- **Carpools** are honored **only** if all forms are mailed in the **same envelope**. **You** must verify that carpoolers are choosing the same day and time. **Carpool limit: 3 families.**
- If you wish a **Sunday placement, or a specific weekday**, forms should be **returned immediately** in order to secure your request. We work on a **first come basis.**
- Completed **medical forms** MUST be returned with the application form.

### **New Students**

**New students** must enclose a copy of their **baptismal certificate**. If you are coming from a Catholic School or another Religious Ed. Program please obtain a copy of your child's **records** from the previous program.

## Registration Fees

1. Child \$100.00
2. Children \$140.00
3. Or more children \$170.00

All registration forms must be **MAILED** into the office by the week of **May 13<sup>th</sup>** *the last day of classes for the year.* **Children are placed in classes by the date the registration form is received by the office.** Forms returned **after May 13<sup>th</sup>** will be placed in classes that have available space. Forms received **after June 1<sup>st</sup>** will be charged a family **late fee** of **\$25.00**. This fee is strictly enforced-and there will be **no choice of day and time**. You will be assigned a session that has available space. To avoid not receiving your choice, please register on time.

**Please Note:** *The Religious Education Office is closed during the month of August and all class placements need to be completed by July. There will be **NO** registration during the first week of classes in September to allow us to compile class lists without daily changes.*

In early September you will be notified by e-mail of your child/childrens class day and time. Thank you for your cooperation.

Sincerely,  
*Louise Pisano*

**SAINT PATRICK'S RELIGIOUS EDUCATION PROGRAM**  
**26 HUNTER STREET \* HIGHLAND MILLS \* NY \* 10930 \* (845) 928-6688 or 928-3354**  
**REGISTRATION FORM 2009-2010**

**Envelope #/Parish Pay #** \_\_\_\_\_ **Date** \_\_\_\_\_

All families must be registered parishioners with an envelope or parish pay number. If not registered please fill out new parishioners form on our web page [www.stpatrickshm.org](http://www.stpatrickshm.org)

Complete section **A & C** if you are **re-registering**. Complete sections **A, B and C** if you are registering a **new sibling** to the program or are **new** to the program. **You must include a copy of your child's baptismal record for new siblings and those new to the program.**

**A**

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone # (if applicable) \_\_\_\_\_ e-mail address \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of emergency contact \_\_\_\_\_ Phone # of emergency contact: \_\_\_\_\_

Birth Father's First & Last Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Birth Mother's First & **Maiden** Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

**Living With:** Please check appropriate box

Both parents  Mother only  Father only  Mother/Stepfather  Father/Stepmother

**Check only if applicable:**

Custody Papers  Guardianship papers  Restraining Order

**B**

**This section only for children NEW to the program.**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(LAST) FIRST (MIDDLE)

Grade child is registering for: \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Has child received First Penance and/or First Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

Baptism Church Name & Address \_\_\_\_\_ Date \_\_\_\_\_

**\*\* You must include a copy of the baptismal certificate**

First Communion Church Name & Address \_\_\_\_\_ Date \_\_\_\_\_

First Penance Church Name & Address \_\_\_\_\_ Date \_\_\_\_\_

Name & Address of previous Religious Education of Child:

Religious Ed. Program \_\_\_\_\_ Catholic School \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Grade completed \_\_\_\_\_

**\*\*Applications for new students cannot be processed until records are received from previous program.**

FAMILY NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

**SCHEDULE**



**Grades 1-5**

Sun 8:45am- 10:10am  
Sun 10:30am- 11:45am  
Mon 4:30pm- 6:00pm  
Tues 4:30pm- 6:00pm  
Wed 4:30pm- 6:00pm

**Grade 6**

Sun 8:45am- 10:10am  
Sun 10:30am- 11:45am  
Tues 7:00 pm- 8:30 p.m.  
Wed. 7:00 pm- 8:30 pm

**Grade 7**

Sun 8:45am- 10:10am  
Sun 10:30am- 11:45am  
Tues 7.00 pm- 8:30p.m.  
Wed. 7.00 pm- 8:30 pm

**Grade 8**

Sun 8:45am- 10:10am  
Sun 10:30am- 11:45am  
Tues 7:00 pm- 8:30 p.m.  
Wed. 7:00 pm- 8:30 pm

**\*\*\*Shamrocks**

Ages 5- Up  
Sun 9:10- 10:10am  
Sun 10:10- 11:10am  
Mon 6:15 - 7:15pm

\*\*\*Admittance to Shamrocks program requires Special Needs IEP and evaluation by Parish

Please specify name of Public school child is currently attending. If child is not attending one of the following schools, please list school name.

Central Valley Elem.    M-W Middle School    Cornwall Lee Rd.    Willow Ave Elem    Smith Clove Elem  
North Main Elem    Cornwall Middle School    Cornwall-on-Hudson Elem    Pine Tree Elem

Child's First Name	Last Name	Name of School Attending in Sept. 2009	Religious Ed Grade Sept. 2009	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
1						
2						
3						
4						
5						

Name of Carpool Family if any: (LIMIT THREE) \_\_\_\_\_

\*\* CARPOOLS will **NOT** be honored unless they are returned to us in the same envelope.

*We are unable to search through hundreds of forms to match carpool requests.*

Parent's Official Signature \_\_\_\_\_

*Please write legibly ....Official signature must be kept on file for Official Record*

OFFICE USE ONLY:    Date Paid: \_\_\_\_\_    Amount \_\_\_\_\_    Balance Due: \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ Money order \_\_\_\_\_    Registration Paid

Tuition  
\$100.00 1 child  
\$140.00 2 children  
\$170.00 3 children or more

## EMERGENCY MEDICAL INFORMATION

FAMILY LAST NAME \_\_\_\_\_ Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Names of all children enrolled in St. Patrick's Religious Education:

Name: \_\_\_\_\_ Grade in Rel. Ed. Program \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Rel. Ed. Program \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Rel. Ed. Program \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Rel. Ed. Program \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

**Persons to contact in case parents/legal guardians cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor for Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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 hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it 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.

I understand that in the event of an emergency where the parent/guardians or emergency contacts cannot be reached, members of the staff of St. Patrick's have the authority to take my child/children from the building to seek medical assistance.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

It has been our experience that sometimes our work with children is hampered because of certain problems of which we are unaware. If there is any special information we should have about your child, please indicate.

Name	Learning Disability	Behavioral Problem	Physical Handicap	Allergies/Food Allergies	IEP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Does your child/children attend Remedial or Special Classes? If yes, specify name of child and details: \_\_\_\_\_

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Does your child/children have a special medical condition? If yes, please specify name of child and condition: \_\_\_\_\_

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Procedures to be followed if above medical condition presents an emergency: \_\_\_\_\_

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To the best of my knowledge all the information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_