

ST. DENIS RELIGIOUS EDUCATION

Registration 2021-22



REGISTRATION DEADLINE: July 1, 2021

RE-Registration

NEW Registration*

***FIRST GRADE STUDENTS:** please include ORIGINAL Baptism Certificate.

***TRANSFER STUDENTS:** include ALL ORIGINAL sacrament certificates and transfer records.

FAMILY INFORMATION

FAMILY NAME _____ Are you registered at St. Denis Church: Yes ___ No ___

Mother's Name _____ Catholic: Yes ___ No ___
(First) (Last)

Mother's Cell # _____

Father's Name _____ Catholic: Yes ___ No ___
(First) (Last)

Father's Cell # _____

Address _____
Number & Street City Zip Code

BEST CONTACT E-MAIL ADDRESS _____
(Please Print Clearly)

ALTERNATE E-MAIL (Optional) _____
(Please Print Clearly)

Please check the appropriate box:

Child(ren) reside with: Both Parents ___ Mother ___ Father ___ Grandparent ___ Other ___

IF APPLICABLE Custodial Parent: _____

Emergency Contact:

_____/_____/_____
Name Cell # Relationship to Child

Please list the full name / relationship of those who have permission to pick up your child. **ID will be required.**

1. _____ 3. _____

2. _____ 4. _____

****ATTENDANCE POLICY****

No more than **5 total absences / 2 for Sunday** are permitted for the year. Absences cannot be consecutive or accrued within a short period of time without a doctor's note or a meeting with the director. 2nd and 8th grade students may not miss more than 1 class from March – April during their final sacramental prep. Please be certain that your choice of day **DOES NOT CONFLICT** with other obligations your child may have – including sports, dance, etc.

Excessive absences may result in repeating a grade or the delay of a sacrament. Students are responsible for all assigned work.

For Office Use Only:

Date Received:	Cash / Check #:	Amt Paid:	Late Fee:
Sacrament Certificates Needed: Baptism: _____ Communion: _____	Transfer Records Needed: Yes ___ No ___	Church: _____	
Sacrament Certificates Received: Baptism: _____ Communion: _____	Received: _____		

CLASS SCHEDULE: *CLASSES ARE LIMITED. ALL CLASSES ARE FILLED IN THE ORDER OF REGISTRATION*

Grades 1-5: 4:15 – 5:30 pm Mon _____ Tues _____ Sunday 2x/month 8:30 – 10:30 am _____	Grades 6-8: Monday Night 6:30 – 7:45 pm _____ Sunday 2x/month 8:30 – 10:30 am _____
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TUITION (Circle Amount): 1 Child: \$150 2 Children: \$200 3 + Children: \$275
*There will be a **\$50 late fee** for registrations received after July 1st*

Make checks payable to: St. Denis Religious Education
Forms and payments may be mailed to: St. Denis Religious Education, 119 Virginia Avenue. Manasquan, NJ 08736

Please Fill Out One Section For Each Child and Initial and Sign Below

STUDENT 1 INFORMATION

Child's Name: _____ M ____ F ____

Date of Birth: _____ School Attending: _____ Grade In Sept.: _____

Health Information: (Please be specific)

Special Education / Classifications: _____ 504: _____ IEP: _____

Allergies: _____ Medical/Other Needs: _____

Church, City of **Baptism:** _____

STUDENT 2 INFORMATION

Child's Name: _____ M ____ F ____

Date of Birth: _____ School Attending: _____ Grade In Sept.: _____

Health Information: (Please be specific)

Special Education / Classifications: _____ 504: _____ IEP: _____

Allergies: _____ Medical/Other Needs: _____

Church, City of **Baptism:** _____

STUDENT 3 INFORMATION

Child's Name: _____ M ____ F ____

Date of Birth: _____ School Attending: _____ Grade In Sept.: _____

Health Information: (Please be specific)

Special Education / Classifications: _____ 504: _____ IEP: _____

Allergies: _____ Medical/Other Needs: _____

Church, City of **Baptism:** _____

STUDENT 4 INFORMATION

Child's Name: _____ M ____ F ____

Date of Birth: _____ School Attending: _____ Grade In Sept.: _____

Health Information: (Please be specific)

Special Education / Classifications: _____ 504: _____ IEP: _____

Allergies: _____ Medical/Other Needs: _____

Church, City of **Baptism:** _____

PERMISSION TO USE YOUR CHILD'S PHOTO/VIDEO WITHIN THE PROGRAM WITHOUT NAMES:

Please Initial one: I give permission _____ I do not give permission _____

Parent/Legal Guardian Signature: _____ **Date:** _____