

ST. DENIS RELIGIOUS EDUCATION
Registration 2017-2018

REGISTRATION DEADLINE: JUNE 15, 2017

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)

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. _____

PERMISSION TO USE YOUR CHILD'S PHOTO/VIDEO WITHIN THE PROGRAM

I give permission for his/her picture/video to be displayed at church or school, posted on the parish website or published in the parish bulletin without names. **(Please Initial)**

The success of our program depends on many volunteers. Would you please assist us in some way?

Yes, I will help with the following:

Catechist ___ Aide for Catechist ___ Substitute Catechist / Aide ___ Hall Monitor ___

Name _____ Grade _____ Day(s) _____

**** REQUESTS WILL BE HONORED ON A FIRST COME, FIRST SERVED BASIS DEP. ON AVAILABILITY ****

CLASS SCHEDULE: Grades 1-6 4:15-5:30 (check one) Mon.____ Tues.____ Wed.____
Grade 7 6:30-7:45 (check one) Mon.____ Thurs.____
Grade 8 6:30-7:45 (check one) Mon.____ Thurs.____

TUITION (Circle Amount): 1 Child: \$150 2 Children: \$200 3 + Children: \$275.

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

STUDENT 1 INFORMATION

Child's Name: _____ M _____ F _____
Date of Birth: _____ School Attending: _____ Grade In Sept.: _____

Health Information:

Special Education / Classifications: _____

Allergies: _____ Medical/Other Needs: _____

IF NEW:

Church, City of **Baptism:** _____

STUDENT 2 INFORMATION

Child's Name: _____ M _____ F _____
School Attending: _____ Grade In Sept.: _____ Date of Birth: _____

Health Information:

Special Education / Classifications: _____

Allergies: _____ Medical/Other Needs: _____

IF NEW:

Church, City of **Baptism:** _____

STUDENT 3 INFORMATION

Child's Name: _____ M _____ F _____
School Attending: _____ Grade In Sept.: _____ Date of Birth: _____

Health Information:

Special Education / Classifications: _____

Allergies: _____ Medical/Other Needs: _____

IF NEW:

Church, City of **Baptism:** _____

STUDENT 4 INFORMATION

Child's Name: _____ M _____ F _____
School Attending: _____ Grade In Sept.: _____ Date of Birth: _____

Health Information:

Special Education / Classifications: _____

Allergies: _____ Medical/Other Needs: _____

IF NEW:

Church, City of **Baptism:** _____

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

For Office Use Only:

Date Registered	Check Number	Cash	Amount Paid
Sacrament Certificates:		Transfer Records:	