

ST. DENIS RELIGIOUS EDUCATION

Registration 2019-2020



REGISTRATION DEADLINE: June 1, 2019

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. _____

The success of our program depends on many volunteers.

Yes, I will help with the following:

Catechist ___ Aide for Catechist ___ Substitute Catechist / Aide ___ Hall Monitor ___
Name _____ Grade _____ Day(s) _____

For Office Use Only:

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

*CLASSES ARE LIMITED. REQUESTS WILL BE HONORED ONLY ON A FIRST COME, FIRST SERVED BASIS *

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*

There will be a \$50 late fee for registrations received after June 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

**** No more than 5 unexcused absences are permitted. 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. Thank you for your consideration. ****

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