

ST. DENIS RELIGIOUS EDUCATION

Registration 2024-25



REGISTRATION DEADLINE: July 1, 2024

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

PRIMARY EMAIL _____

SECONDARY EMAIL _____

Emails will be sent to all listed e-mail addresses

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 are permitted for the year. All absences (excused and unexcused) accrue toward the total but we will take note of extenuating medical or family circumstances. Attendance will also include adult attendance at any 2 parish programs throughout the year. Excessive absences may result in repeating a grade or the delay of a sacrament.

For Office Use Only:

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

All classes meet once a week Monday 4:15 – 5:30 PM (Grades 1-5) _____ Monday 6:30 – 7:45 PM (Grades 6-8) _____	All classes meet once a week Tuesday 4:15 – 5:30 PM (Grades 1-8) _____ Sunday 8:00 – 9:15 AM (Grades 1-8) _____
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TUITION (Circle Amount): 1 Child: \$150 2 Children: \$250 3 + Children: \$325
 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, 90 Union 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.: _____

Allergy and Health Information: (Please be specific about medical or educational needs)

 _____ 504: _____ IEP: _____

Church, City of **Baptism:** _____

STUDENT 2 INFORMATION

Child's Name: _____ M ____ F ____

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

Allergy and Health Information: (Please be specific about medical or educational needs)

 _____ 504: _____ IEP: _____

Church, City of **Baptism:** _____

STUDENT 3 INFORMATION

Child's Name: _____ M ____ F ____

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

Allergy and Health Information: (Please be specific about medical or educational needs)

 _____ 504: _____ IEP: _____

Church, City of **Baptism:** _____

STUDENT 4 INFORMATION

Child's Name: _____ M ____ F ____

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

Allergy and Health Information: (Please be specific about medical or educational needs)

 _____ 504: _____ IEP: _____

Church, City of **Baptism:** _____

Parent/Legal Guardian Signature: _____	Date: _____
Permission to use photo/video of your child without names: Yes <input type="checkbox"/> No <input type="checkbox"/>	