

# PARISH OF ST STEPHEN THE MARTYR

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75 Sanfordville Road Warwick, NY 10990

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## RELIGIOUS EDUCATION REGISTRATION

2009 - 2010

I understand the following must be complete and included in order to have my registration request processed:

- First, second, third choice of session
- **Last and first name** of each child
- Religious Education grade in September for each child
- **Copy of Baptismal Certificate attached** (for children new to the program only)
- *Parishioner number* (if new to the program)
- **Check with registration fees made out to St. Stephen Parish** (REL ED 09-10 in memo)
- **Address, Phone #'s, Email address**
- Signed Emergency contact form

If applicable...

- Necessary documentation for medical or educational needs or modifications
- Summer REC Contract



In person registration begins Sunday April 19<sup>th</sup> from 11:45am-1:45pm

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75 Sanfordville Road, Warwick, NY 10990 Office: (845) 986- 2231 FAX (845) 986-5939 email: [reledoffice@yahoo.com](mailto:reledoffice@yahoo.com)

## 2009-2010 Registration Request

**Grades 1 - 6** (Beginning in September) Monday, Tuesday, or Wednesday 4:30-6:00pm OR Saturday 9:30-11:00am  
**Grades 3 – 7 (Summer REC)** (limited availability) June 29 – July 10 8:30am – 1:30pm + required family seasonal events  
**Grade 8 (Summer REC2)** (limited availability) July 13 – July 17 (9am – noon) + specials as scheduled (September – March)  
**Grade 7** (Beginning in September) Tuesdays only 7:00 - 8:30pm  
**Grade 8** (Beginning in September) Wednesdays 7:00 – 8:30pm + specials as scheduled

Child Last Name	First Name	Rel Ed Grade September 09	1 <sup>st</sup> Choice Session (M,T,W, S, REC)	2 <sup>nd</sup> Choice Session (M,T,W, S, REC)	3 <sup>rd</sup> Choice Session (M,T,W, S, REC)

Teacher (Catechist)  
 Class Assistant/ Office help  
 Substitute Teacher

**I am willing to volunteer**

Grade \_\_\_\_\_ Day \_\_\_\_\_  
 Day \_\_\_\_\_ Grade \_\_\_\_\_  
 Day \_\_\_\_\_ Grade \_\_\_\_\_

**EARLY REGISTRATION FEE SCHEDULE– (April 19- June 1, 2009)**

One Child - \$125  
 Two Children - \$175  
 Three or More Children - \$230

**Summer REC FEE Add \$10 per child to the above**

**REGULAR REGISTRATION FEE SCHEDULE – (June 2 – August 15, 2009)**

One Child - \$165  
 Two Children - \$215  
 Three or More Children - \$270

**SACRAMENTAL ACTIVITY FEES Due November 1, 2009 (These are in addition to the above)**

Confirmation (8<sup>th</sup> grade) \$160  
 First Communion (2<sup>nd</sup> grade) \$55

<b>Registration</b>	\$ _____
<b>REC</b>	\$ _____
<b>Sacramental Fee</b>	\$ _____
<b>Total Amount Enclosed</b>	\$ _____

<b>For Office Use Only</b>
Check # _____
Cash _____
Date Received _____
Time Received _____
Initial _____

Family Last Name: \_\_\_\_\_ Parishioner # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

e-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother First/Maiden \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Step-Parent/Legal Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CONFIDENTIAL INFORMATION**>>>Please indicate if any medical or educational modifications are needed for your child. Give a brief explanation as necessary for each child and attach or write N/A below...

Parents, **please be specific in your response** so that we may provide the safest and best learning environment for your child!

Does your child have any physical conditions, learning conditions, disabilities or emotional conditions that we should be aware of? Please attach on a separate page the related medications, treatments and accommodations; Include IEP accommodations especially related to reading and testing, resource room or special education services. (This information will be shared only with the classroom teacher your child to whom your child is assigned)

Allergies: (Food, environmental) (Please specify \_\_\_\_\_  
(Epi-pen needed? Y/N) (Inhaler needed? Y/N) Will bring weekly Y/N

Family or other personal situation: \_\_\_\_\_ (i.e. Divorce, remarriage, parent deceased)

Child will be picked up from Religious Education by: \_\_\_\_\_ Phone # \_\_\_\_\_

**In Case of Emergency:  
Persons to be contacted if Parent/Legal Guardian cannot be reached:**

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

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

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

Doctor for Emergency: \_\_\_\_\_ Phone/ Cell: \_\_\_\_\_

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 is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

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

I agree to follow the policies of the Religious Education program as stated in the parent/family handbook

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