

NEW STUDENT (1ST GRADE – 8TH GRADE) – 2018/2019

ST. RAYMOND RELIGIOUS EDUCATION OFFICE

263 Atlantic Ave., East Rockaway, NY 11518

Tel: 516-593-9075/Fax: 516-593-1156 - econtaldisrre@optonline.net

ORIGINAL BAPTISMAL CERTIFICATE & FULL PAYMENT MUST BE PRESENTED AT THE TIME OF REGISTRATION (unless baptized at St. Raymond's Church – need exact date in order to verify with Rector)

Date : _____ Grade in Religion in September : _____

Child's Name : _____ Phone : _____

Address : _____ Town _____

Mother Cell #: _____ Father Cell #: _____

Mother Work #: _____ Father Work #: _____

PRIMARY E-MAIL ADDRESS (PRINT CLEARLY): _____

PRIMARY PHONE NUMBER (PRINT CLEARLY): _____

Public School : _____ Public School Grade in Sept: _____

Mother's Country of Origin _____ Father's Country of Origin _____

Mother's Maiden Name (first & last) : _____

Father's Name on Child's Baptismal Certificate (first & last) : _____

Mother's Religion : _____ Father's Religion: _____ Marital Status: _____ (Married, Single, Widowed, Divorced)

Main Language spoken at home: _____

If you are single or remarried parent, who has custody of this child? Mother ___ Father ___ Other Specify _____

Child's date of Birth: ___/___/___ City/State of birth _____ Sex : Male / Female

Date of Baptism: ___/___/___

Baptismal Church _____

Address of Church _____

City _____ State _____ Country _____ Zip _____

Previous Religious Education : _____

First Penance : Date : ___/___/___ Church : _____

First Communion : Date : ___/___/___ Church : _____

During Religious Education classes, in case of emergency and parent is not available, contact:

Name: _____ Relationship to child: _____ Phone: _____

SPECIAL CONSIDERATIONS: (i.e learning, developmental, hearing impaired, allergies, etc.)

Does your child have an I.E.P.? Yes or No _____

If yes, please speak to DRE

IF YOUR CHILD HAS A FOOD ALLERGY THAT REQUIRES AN EPI PEN, YOU MUST COMPLETE A FOOD ALLERGY ACTION PLAN AND DISCUSS THE SITUATION WITH THE DRE. A PHOTO OF YOUR CHILD WILL BE REQUIRED TO ADHERE TO THE FOOD ALLERGY ACTION PLAN. THIS PROCEDURE IS A DIOCESAN RULE. YOUR CHILD WILL HAVE HIS/HER EPI PEN WITH THEM DURING RELIGIOUS EDUCATION CLASSES.

Does your child require an EPI pen? Yes or No _____

If yes, please speak to DRE

Orders of protection, restraining orders or custodial issues? Yes or No _____ If yes, please speak to DRE.