

**REGISTRATION 2018/2019 (ALL FAMILIES MUST COMPLETE THIS FORM)**

**SAINT RAYMOND'S RELIGIOUS EDUCATION OFFICE**

**263 Atlantic Ave., East Rockaway, NY 11518**

**Tel: 516-593-9075/Fax: 516-593-1156 – [econtaldirre@optonline.net](mailto:econtaldirre@optonline.net)**

**NEW FAMILIES TO THE PROGRAM (GRADES 1-8) MUST BE REGISTERED WITH THE PARISH, FILL OUT A NEW STUDENT REGISTRATION FORM ALONG WITH THIS FORM AND MUST HAVE A BAPTISMAL CERTIFICATE. IF THE CHILD WAS BAPTIZED AT ST. RAYMOND, A BAPTISMAL CERTIFICATE IS NOT NECESSARY, BUT THE DATE OF BAPTISM IS REQUIRED FOR VERIFICATION WITH THE RECTORY.**

FAMILY LAST NAME: \_\_\_\_\_ HOME TEL. #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DAD CELL #: \_\_\_\_\_  
TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_ MOM CELL #: \_\_\_\_\_

**PLEASE PROVIDE ONE PRIMARY PHONE NUMBER AND E-MAIL ADDRESS FOR RELIGIOUS ED TO CONTACT PARENTS IN CASE OF LAST MINUTE SCHOOL CLOSINGS, ETC.**

**Print clearly:**

SCHOOL MESSENGER PHONE NUMBER: \_\_\_\_\_

SCHOOL MESSENGER E-MAIL ADDRESS: \_\_\_\_\_

***ARE YOU A RELIGIOUS ED TEACHER - YES OR NO \_\_\_\_\_ NO REGISTRATION FEES FOR TEACHERS***

**RELIGIOUS EDUCATION CLASS SCHEDULE**

GRADES 1, 3, 4, 5 & 6 MON/WED/THURS 3:30-4:30PM GRADE 2 TUESDAYS ONLY 3:30-4:30PM  
GRADES 7 & 8 MON or TUES 7PM-8PM

**YOU WILL BE BILLED THE BANK FEE FOR ANY RETURNED CHECK.**

**REGISTRATION FEES ARE NON-REFUNDABLE AT ANY TIME.**

Student's First & Last Name	School	Religion Grade in September	Assignment and Date <b>Office Use Only</b>	Payment Rec'd Check #/Cash <b>Office Use Only</b>

**REGISTRATION FEES: (MAKE CHECK PAYABLE TO ST. RAYMOND RELIGIOUS EDUCATION)**

REGISTRATION AND BOOK FEE FOR FIRST CHILD IN FAMILY: \$150.00  
EACH ADDITIONAL CHILD (BOOKS INCLUDED): \$ 75.00

**ADDITIONAL FEES**

8<sup>TH</sup> GRADE STUDENTS 2019 CONFIRMATION FEE: \$100.00  
6<sup>TH</sup> GRADE STUDENTS NEED TO PURCHASE A BIBLE: \$ 10.00  
2<sup>ND</sup> GRADE STUDENTS 2019 COMMUNION FEE \$ 80.00

- 1. DO NOT REQUEST A SPECIFIC TEACHER. FULL PAYMENT IS REQUIRED AT TIME OF REGISTRATION.**
- 2. CHOICE OF DAYS WILL BE HONORED ON A FIRST-COME, FIRST-SERVE BASIS ONLY. CLASS SIZE IS LIMITED- SEND IN YOUR REGISTRATION FORM WITH FULL PAYMENT AS SOON AS POSSIBLE IN ORDER TO HOLD YOUR CHILD'S SPOT IN A CLASS.**
- 3. KEEP IN MIND YOUR CHILD'S AFTER-SCHOOL ACTIVITIES WHEN COMPLETING THIS FORM.**
- 4. IF YOU ARE IN A CARPOOL SITUATION, PLEASE REGISTER TOGETHER.**

1st CHOICE OF DAY \_\_\_\_\_ 2<sup>ND</sup> CHOICE OF DAY \_\_\_\_\_

**PLEASE COMPLETE & SIGN ON THE BACK OF THIS FORM**

WILLING TO SUBSTITUTE FOR CHILD'S CLASS? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE SHARE ANY SPECIAL NEEDS YOUR CHILD MIGHT HAVE (self-contained class, learning disability, allergies or any other specific problems). \_\_\_\_\_

Does any child on this form have an I.E.P.? Circle Yes or No - Child's Name \_\_\_\_\_  
Please discuss with the DRE.

**PER THE DIOCESE, IF YOUR CHILD HAS A FOOD ALLERGY THAT REQUIRES AN EPI PEN, YOU MUST COME TO THE OFFICE AND COMPLETE A FOOD ALLERGY ACTION PLAN. A PHOTO OF YOUR CHILD WILL BE REQUIRED TO ADHERE TO THE FOOD ALLERGY ACTION PLAN. YOUR CHILD WILL HAVE HIS/HER EPI PEN KEPT WITH THEM DURING RELIGIOUS EDUCATION CLASSES.**

Does any child on this form require an EPI Pen? Circle Yes or No - Child's Name \_\_\_\_\_  
Please discuss with the DRE.

Are there any orders of protection, custody issues, restraining orders? Circle Yes or No  
If yes, which of these do you have? \_\_\_\_\_  
Please discuss with the DRE

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_  
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**Names & phone numbers of people allowed to pick up your child(ren)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one: Child(ren) walks home \_\_\_\_\_ Child(ren) does not walk home (parent pick-up) \_\_\_\_\_

**Photo/Video Permission and Release**

I hereby grant permission, without reservation, to St. Raymond Parish, and to those authorized by St. Raymond Parish, to take photographs and to make recordings of my child(ren) on this form and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and/or fundraising activities of St. Raymond Parish. I understand and agree that I am entitled to receive no compensation for the above. I release St. Raymond Parish, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that St. Raymond Parish will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition. I am the parent or guardian of the children listed on the front of this form, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

**Child Lures Prevention Program: Think Safe & Stay Safe**

In September 2018, when the CHILD LURES PREVENTION PARENT THINK FIRST & STAY SAFE GUIDEBOOK is distributed, I agree to read this book and discuss the topics in the book with my child. I understand that my child will receive safety training in Child Lures Prevention each year my child is enrolled in our parish Religious Education Program. I also understand that I am welcome to attend these sessions with my child.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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***CHILDREN'S CHRISTMAS PAGEANT (GRADES 3-8) - SUNDAY 12/9/2018 - LOOK FOR SIGN-UP SHEETS!***