

St. Philip the Apostle Religious Education - Registration Form – 2009-10

Privacy Act Statement

Principle Purpose: Information solely used for persons participating in the Religious Education Program at St. Philip's in Saddle Brook, NJ. Information will not be given out to any third party source. PLEASE PRINT

Student's Name: _____ Enroll in Rel. Ed. Grade
 (Last) (First) (Middle Initial)

Student's Address: _____
 (Street) (Town) (Zip Code)

Phone # (____) - _____ (circle one) Male / Female Age as of 04/20/09: _____ Date of Birth: _____

Town & State of Birth: _____ Registered Parish Envelope # _____ 000

Grammar/Middle School Enrolled in September: _____ Grammar/Middle School Grade in Sept. 2009:

Father: _____ Religion: Catholic Y / N _____
 (First Name) (Middle Initial) (Last Name)

Mother: _____ Religion: Catholic Y / N _____
 (First Name) (Middle Initial) (Last Name)

Guardian: _____ Religion: Catholic Y / N _____
 (First Name) (Middle Initial) (Last Name)

Parents: Married _____ Separated _____ Divorced _____ Widowed _____ → Father living (Yes / No) Mother living (Yes / No)

Student lives with: parents / mother / father / guardian

Father's: _____ Mother's: _____
 (phone / cell / pager) (phone / cell / pager)

Emergency Contact: _____ Relationship to student: _____

Emergency Contact's Number ⇒ _____ Mailing Title: (circle one)) Mr. and Mrs. / Mr. / Mrs. / Ms.

IMPORTANT E-mail address for Program Newsletters & Updates _____

Check Session grades 1-6: ↔ 1st S (BEFORE 10:00 Mass), ↔ 2nd S (AFTER 10:00 Mass) or ↔ 7th & 8th Gr (Monday 7 to 8:30 PM)

Reason for Session Choice: _____

Special Health, Allergies or Learning Needs: _____

Student is a Roman Catholic: (Yes / No) Student is baptized: (Yes / No) Baptismal Certificate is: ↓(circle one)

Church Baptized: _____ Date of Baptism: _____ Attached to application or s/b on file

Address: _____
 (Street) (Town) (Zip Code)

Received 1st Reconciliation: (Yes / No) Church: _____ Date: _____

Address: _____
 (Street) (Town) (Zip Code)

Received 1st Communion: (Yes / No) Church: _____ Date: _____

Address: _____
 (Street) (Town) (Zip Code)

Parents; please see the back of registration letter for volunteering opportunities!

Parent's signature: _____ Thank you!
 today's date: ____/____/____

New Applicants only

FOR OFFICE USE ONLY

Paid: (Y / N) Payment: Cash _____ (receipt Y / N) Check _____ Check # _____ Amt: \$ _____ Amt & Late Fee: \$ _____
 Number of Children Registered: _____ Baptismal Certificate Submitted: (Y / N / F / V) Date registered: _____
 Other Information: HSc/RE/RCIA/RCIYA _____ Code: _____ Bal. Due \$ _____ Date processed: _____
 Website Declaration: (Y / N) _____ Cash Receipt # _____ Payment processed: (Y / N) _____

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Release of Information Form

Dear Parent(s)/Guardian(s),

There are times when a newspaper or television station will visit the school to report on class activities. We need your permission to have your child's name published or photo taken. The school also has a website for parents that may include classroom photos of activities. If we do not have your permission, your child will not be included in the photo. At no time will a child's last name be included in any photo. This permission slip will stay in your child's permanent folder.

Thank You,
Religious Education Office

My child can be included in classroom activity pictures on the school website. **Yes / No**

My child may have their name/photo published for school activities. **Yes / No**

Child's first name: _____

Parent(s)/Guardian(s)'s Name: _____

Signature: _____ Date: ____/____/____

Allergy Form

Dear Family,

We need to know more about your child's allergy to help maintain a safe environment. Please take the time to help us get to know your child's needs by answering the following questions. Sending a list of foods and ingredients to avoid would be beneficial to the volunteers to help monitor the food that enters the classroom.

What is your child allergic to? _____ If nothing, check here and go no further.

Nature of allergy? ___ingestible ___airborne ___contact

Does your child know how to tell someone if he/she is having a reaction? **Yes / No**

What steps do you use when he/she is having a reaction? (ex. Epi-pen, Benadryl, 911 or other?)

When a snack/allergen comes into the classroom containing an item your child is allergic to, do they need to sit at another table? **Yes / No**

What are permissible food items and ingredients? _____

Dear New Parishioner:

April 19, 2009

We are delighted to welcome you as a member of our St. Philip the Apostle Parish and hope that you will be very happy here.

To start the process, please complete the accompanying registration form (one per child) to enroll your child in a faith-based religious educational program. Along with that, please provide us with a copy of your child's baptismal certificate. Call or email for any question you have regarding the registration process.

Tentative Schedule:	Start Time	End Time	Length of Time
First Session:	8:45am	9:55 am	1 Hour 10 Minutes
Children's Mass	10:00 am	10:45 am	45 Minutes to 1 Hour
Second Session:	10:50 am	12 noon	1 Hour 10 Minutes

Please indicate on the registration form which session you would prefer for your child to attend. Although with the limited classroom space and large enrollment, we will make every effort to accommodate your request. However, we cannot guarantee your preferred assignment. The registration period begins on Sunday, April 19, 2009.

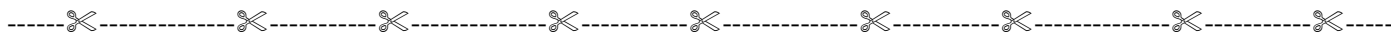
Registration fees are as follows:

Registration fee	One child	Two children	Three or more children
For New Parishioner	\$80	\$120	\$160

Along with enrolling your child, the best ways to feel "at home" is to get involved; therefore, we welcome your participation in our program. Please use the form below to indicate your choice of position.

Sincerely in Christ,

Pat Schauble, PA
Director of Religious Education



VOLUNTEERS NEEDED!

Our religious education program runs smoothly with the help of volunteers. **We ask that each family serve in at least one way.**

- CATECHIST* Educates in the faith by communicating the Gospel message, sharing in the faith journey of the students, and assist them in prayer and in understanding our Church and its mission in the Catholic tradition.
- CATECHIST AIDE* Assist the catechist, helps the class run smoothly.
- CLASS REPRESENTATIVE Be a link between catechist and parents.
- CO-COORDINATOR* Help the office coordinator run the program efficiently.
- HOT-LINE CALLER Class parent to make calls in the event classes are cancelled on a short notice.
- MEETING COORDINATOR Help run mini-series parental catechesis prayer sessions.
- MUSICIANS* Help classes along with music, fun & laughter!
- SPECIAL EVENTS Help with planning, set-up and clean-up of special programs like opening and closing events, "Catechesis for All" events, etc.
- SUBSTITUTE* Fill in for an absent catechist; lesson plan provided.
- SUPERVISOR* Help supervise the 8th grade students with their stewardship assignments.
- *I have attended the Archdiocese Child Protection Workshop. *I have been fingerprinted.
- *Please send me information about where I can complete these requirements.

Volunteer's Name (please print): _____

Volunteer's signature: _____

Thank you!

FOR OFFICE USE ONLY

Paid: (Y / N) **Payment:** Cash ___ (receipt Y / N) Check ___ Check # _____ Amt: \$ _____ Amt & Late Fee: \$ _____

Number of Children Registered: _____ **Baptismal Certificate Submitted:** (Y / N / F / V) **Date registered:** _____

Other Information: HSSc/RE/RCIA/RCIYA _____ **Code:** _____ **Bal. Due \$** _____ **Date processed:** _____

Website Declaration: (Y / N) _____ **Cash Receipt #** _____ **Payment processed:** (Y / N) _____