

St. Philip the Apostle Religious Education – New Web Registration Form – 2010-11

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 not 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)
Home Phone # () - _____ Town & State of Birth: _____
(circle one) Male / Female Student is a Roman Catholic: (Yes / No) Age as of 05/23/10:

Father: _____ Religion: Catholic Y / N _____
(First Name) (Middle Initial) (Last Name)
Father's Phone: () _____ text notices? Y / N (work / cell / other _____)

Mother: _____ Religion: Catholic Y / N _____
(First Name) (Middle Initial) (Maiden Name)
Mother's Phone: () _____ text notices? Y / N (work / cell / other _____)

Guardian: _____ Religion: Catholic Y / N _____
(First Name) (Middle Initial) (Last Name)
Guardian's Phone: () _____ text notices? Y / N (work / cell / other _____)

EMERGENCY: Parents contacted first in case of emergency. Third Party (non-parent) contact is necessary in case parents are unreachable.

Emergency Contact Name: _____ **Relationship to student:** _____

Emergency Contact's Number ⇒ () _____ Other Siblings in same session? Yes / No

Other information the catechists should know regarding dismissal: _____

Medical and Allergy Form

We need to know more about your child's medical/allergy condition to help maintain a safe environment. Please take the time to help us meet your child's needs by answering the following questions. Providing a list of foods/ingredients to avoid would be beneficial to the volunteers to monitor foods entering the classroom.

What is your child's medical/allergic condition? _____
If nothing, check box here and go no further.

Special Needs to consider: _____

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** Nature of allergy, if any? ___ingestible ___airborne ___contact

What are food items and ingredients to avoid? _____

Parent's signature: _____ *Thank you!*
Today's date: ___/___/___

FOR OFFICE USE ONLY: Grade Level (Note: this is subject to DRE's approval. We will contact you if there is a problem.)

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

Previous Catechist Code: _____ New Catechist Code: _____ Misc. _____

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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 mass/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: ____/____/____

Parents: Married ____ Separated ____ Divorced ____ Widowed ____ —► Father living (Yes / No) Mother living (Yes / No)
Student lives with: parents / mother / father / guardian

Mailing Title: (circle one) Mr. and Mrs. / Mr. / Mrs. / Ms.

Reason for Session Choice: _____

IMPORTANT E-mail address for Program Newsletters & Updates _____

Date of Birth: ____/____/____ Student is baptized: (Yes / No) Baptismal Certificate is: ↓(circle one)

Church Baptized: _____ Date of Baptism: _____ Attached to application: (Yes / No)

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 registration letter for volunteering opportunities!

Grammar/Middle School in September: _____ Grammar/Middle School Grade in September 2010:

FOR OFFICE USE ONLY

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

New Applicants must provide copies



ST. PHILIP THE APOSTLE CHURCH OFFICE OF RELIGIOUS EDUCATION

492 Saddle River Rd. Saddle Brook, New Jersey 07663
 TELEPHONE (201) 843-2240 FAX (201) 843-3150 Email: reled@stphilipsb.org

Dear Parent:

April 12, 2010

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. We strongly encourage Mass participation and regular class attendance to get a full experience.

To start the process, please complete the accompanying registration form (one per child) to enroll your child in this faith-based religious educational program. Along with that, please provide us with a copy of your child's baptismal certificate and any other sacrament received in your previous parish.

Call, email, or visit us for any question you have regarding the registration process.

Class Schedule:	Start Time	End Time	Length of Time
Children's Mass	8:30 am	9:15 am	45 Minutes to 1 Hour
First Session Classes:	1- 9:25 am	10:35 am	1 Hour 10 Minutes
Children's Mass	10:00 am	10:45 am	45 Minutes to 1 Hour
Second Session Classes:	2- 10:50 am	12 noon	1 Hour 10 Minutes
Night Session Classes:	N- 7:00 pm	8:30 pm	1 Hour 30 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, May 02, 2010.

Please make out checks or money orders to: "St. Philip the Apostle Religious Education."

Registration fees are as follows:

Registration fee	One child	Two children	Three or more children
For New Registrants	\$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

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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!