

SAINT PATRICK'S RELIGIOUS EDUCATION CENTER



26 HUNTER STREET, HIGHLAND MILLS, NEW YORK 10930

845-928-6688 or 928-3354

www.stpatrickshm.org

JOIN US ON FACEBOOK: St. Patrick's HM Religious Ed Program

A NOTE FROM YOUR PASTOR, FATHER GERARD TRAVERS...

Dear Parents/Guardians,

One of the most important responsibilities we have as a Christian family is to pass on the faith. We have a wonderful catechetical program here at St. Patrick's to help with this task. I have been told by the Archdiocesan Office for Religious Education that we have one of the best programs in the Archdiocese of New York which includes education in the faith for children in our Preschool, our Shamrocks for special needs children and our Religious Education Program for grades 1-8 and finally our CYO teen club. Much of our excellence comes from our dedicated coordinator Louise Pisano, her assistant Ellamae Cassidy and our dedicated volunteer catechists.

Since our program is so large and our classroom space is limited we ask your cooperation in filling out the registration forms correctly and promptly. For the past few years we have used our web page to make registration more convenient for you. This year we are also e-mailing forms to your home.

As pastor here at St. Patrick's it is always a joy to know how much you love our parish and I deeply appreciate this love and support. Thank you for all you have done in the past for our Religious education Program.

May God bless you and your families as well as our dedicated staff and volunteer catechists who give so much of their time and talent to help us pass on the faith.

Sincerely,
Gerard P. Travers

Rev. Gerard P. Travers
Pastor

SAINT PATRICK'S RELIGIOUS EDUCATION CENTER



26 HUNTER STREET, HIGHLAND MILLS, NEW YORK 10930
845-928-6688 or 928-3354

www.stpatrickshm.org

JOIN US ON FACEBOOK: **St. Patrick's HM Religious Ed Program**

March, 2011

ATTENTION PARENTS AND GUARDIANS

Registration forms are available on our website **Beginning March 6, 2011.**

Please follow the instructions below to insure proper placement for your child/children, for the 2011-2012 Religious Education school year. Please be aware that with the closing of surrounding parish catholic schools, our enrollment may be increasing. **REGISTRATION FOR ALL CHILDREN MUST TAKE PLACE EVERY YEAR.**

Please see that the registration form is complete with **no blank spaces**, failure to list first, second, third choice, or completed medical forms will cause your form to be returned to you.

Please submit your registration fee with this form to secure your spot. However, if you are having financial difficulties, please call the office to discuss the situation. We need "ALL" children registered in order to secure teachers, textbooks and the number of sessions per day.

Instructions for filling out registration forms:

- Please read registration form carefully, some information has been added.
- Please use **baptismal names** if a child uses a nickname place it in parenthesis.
- Families currently enrolled in the program register all children on one form. Siblings entering grade 1 are to be listed on **Part B** in the **New To The Program** box. **Baptismal certificates must** accompany new registrants. If baptized at St. Patrick's please indicate that on the form.
- **Three choices** must be indicated as first choices are not always available.
- **If you are part of a Carpool** all forms must be turned into the office in the **same envelope**.
- If you wish a **Sunday placement, or a specific weekday**, forms should be **returned immediately** in order to secure your request. We work on a **first come basis**.
- Completed **medical forms** **MUST** be returned with the application form.

New Students

New students (grade 2-8) must enclose a copy of their **baptismal certificate**. If you are coming from a Catholic School or another Religious Ed. Program please obtain a copy of your child's **records** from the previous program.

Registration Fees

1. Child \$110.00
2. Children \$150.00
3. Or more children \$180.00

All registration forms must be **received by May 11th** the last day of classes for the year.

Children are placed in classes by the date the registration form is received by the office.

Forms returned **after May 11th** will be placed in classes that have available space. Forms received **after June 1st** will be charged a family **late fee** of **\$25.00**. ***Returned check fee \$25.00***

Please Note: *The Religious Education Office is closed during the month of August, all class placements will be completed by July. There will be **no** registration during the first week of classes in September to allow us to compile class lists without daily changes.*

In early September you will be notified by e-mail of your child/childrens class day and time. Thank you for your cooperation.

Sincerely,
Louise Pisano

SAINT PATRICK'S RELIGIOUS EDUCATION PROGRAM
26 HUNTER STREET * HIGHLAND MILLS * NY * 10930 * (845) 928-6688 or 928-3354
REGISTRATION FORM 2011-2012

Envelope #/Parish Pay # _____ **Date** _____

All families must be registered parishioners with an envelope or parish pay number. If not registered please fill out new parishioners form on our web page www.stpatrickshm.org

Complete section A & C if you are **re-registering**. Complete sections A, B and C if you are registering a **new sibling** to the program or are **new** to the program. **You must include a copy of your child's baptismal record for new siblings and those new to the program.**

A

Family Name: _____ Home Phone: _____

Cell Phone # (if applicable) _____ e-mail address _____

Address: _____
(Street) (City) (State) (Zip)

Name of emergency contact _____ Phone # of emergency contact: _____

Birth Father's First & Last Name _____ Religion _____

Occupation _____ Business Phone _____

Birth Mother's First & **Maiden** Name _____ Religion _____

Occupation _____ Business Phone _____

Living With: Please check appropriate box

Both parents Mother only Father only Mother/Stepfather Father/Stepmother

Check only if applicable:

Custody Papers Guardianship papers Restraining Order

B **This section only for children NEW to the program.**

Child's Name: _____ Date of Birth _____
(LAST) (FIRST) (MIDDLE)

Grade child is registering for: _____ Male ___ Female _____

Has child received First Penance and/or First Communion? Yes ___ No _____

Baptism Church Name & Address _____ Date _____

**** You must include a copy of the baptismal certificate**

First Communion Church Name & Address _____ Date _____

First Penance Church Name & Address _____ Date _____

Name & Address of previous Religious Education of Child:

Religious Ed. Program _____ Catholic School _____

Name _____

Address _____ Grade completed _____

****Applications for new students cannot be processed until records are received from previous program.**

EMERGENCY MEDICAL INFORMATION 2011-2012

FAMILY LAST NAME _____ Date: _____

Father's Name: _____ Mother's Maiden Name: _____

Names of all children enrolled in St. Patrick's Religious Education:

Name: _____ Grade in Rel. Ed. Program _____ Date of Birth: _____

Name: _____ Grade in Rel. Ed. Program _____ Date of Birth: _____

Name: _____ Grade in Rel. Ed. Program _____ Date of Birth: _____

Name: _____ Grade in Rel. Ed. Program _____ Date of Birth: _____

Home Address: _____ Phone: _____

City/State: _____ Zip: _____

Father's Business Phone: _____ Cell phone _____

Mother's Business Phone: _____ Cell phone _____

Persons to contact in case parents/legal guardians cannot be reached:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Doctor for Emergency: _____ Phone: _____

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

I understand that in the event of an emergency where the parent/guardians or emergency contacts cannot be reached, members of the staff of St. Patrick's have the authority to take my child/children from the building to seek medical assistance.

Parent/Guardian Signature

Date

It has been our experience that sometimes our work with children is hampered because of certain problems of which we are unaware. If there is any special information we should have about your child, please indicate.

Name	Learning Disability	Behavioral Disability	Physical Handicap	Allergies/Food Allergies	IEP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Does your child/children attend Remedial or Special Classes? If yes, specify name of child and details: _____

Does your child/children have a special medical condition? If yes, please specify name of child and condition: _____

Procedures to be followed if above medical condition presents an emergency: _____

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

Parent/Guardian Signature: _____ **Date:** _____