

**2022 - 2023 REGISTRATION - ST. PAUL THE APOSTLE RELIGIOUS EDUCATION PROGRAM**

**Saturdays: 9:30 am - 11:00 am (Pre-K to 8)**

Rel. Ed. Office: 602 McLean Avenue, Yonkers, NY 10705      Check #: \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Tel: 914.965.9333 / pastoralministr@optimum.net      **\$250 for 1 Child / \$300 for 2 Children**

\* Registration Forms: [www.stpaulyonkers.org](http://www.stpaulyonkers.org) / Rel. Ed Tab      **\$350 for 3 or more children**

CHILD'S NAME: \_\_\_\_\_ DOB \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ M/F \_\_\_\_\_

PUBLIC SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_ REL. ED LEVEL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME & MAIDEN NAME(if diff): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOM CELL: \_\_\_\_\_ DAD CELL: \_\_\_\_\_

MOM EMAIL: \_\_\_\_\_ DAD EMAIL: \_\_\_\_\_

Alternative Emergency Contact / Cell: \_\_\_\_\_

MOM RELIGION: \_\_\_\_\_ DAD RELIGION: \_\_\_\_\_

SACRAMENT RECEIVED	DATE	CHURCH	ADDRESS	CERTIFICATE SEEN BY
BAPTISM				
1ST COMMUNION				
CONFIRMATION				

**\*\*NEW STUDENTS ONLY:** COPY OF BAPTISMAL CERTIFICATE, COMMUNION CERTIFICATE (IF APPLICABLE), MUST BE RETURNED WITH THIS REGISTRATION FORM IN ORDER TO PROCESS YOUR REGISTRATION. **\*\***

**EMERGENCY INFO:**

Does Child have allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Procedures to be used in case of a child with Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

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 is 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. 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: \_\_\_\_\_

I am granting permission for media release. *(There are times Religious Education may take pictures or videos of classes and activities; your signature indicates permission for this and for the program to use the pictures in bulletins, etc.)*

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_