

St. Therese of Lisieux Roman Catholic Church

School Address: 4410 Avenue D (2nd Floor), Brooklyn, NY 11203

Church Office: 1281 Troy Avenue, Brooklyn, NY 11203

(718) 451-1671 ✉ stthereselisreligiousedu@gmail.com

Registration Form for Religious Education 2019 – 2020

Please print legibly and fill out completely, sign and return to the Religious Education Office in the school. Please provide a copy of Birth and Baptism Certificates.

STUDENT'S INFORMATION

Date of Birth: _____

Name: _____ Male Female
Last First Middle

School in September 2019: _____ School Grade: _____ RE Grade: _____

Baptism Name of Church: _____ Date of Baptism: _____

Baptism Address: _____
Street Address Apt/Suite/Other City, State, Zip Code

Reconciliation Name of Church _____ Date: _____

First Holy Communion Name of Church _____ Date: _____

Previous Religious Education: _____ Dates: _____
Name of the parish or Catholic school and grades attended

Names and grades of siblings in program: _____

The student lives with: Both Parents Mother Father Guardian

Home Address: _____
Street Address Apt/Suite/Other City, State, Zip Code

Home Phone: _____ Preferred Email Address: _____
All correspondence will go through this email

Mother: _____ Religion: _____
First Name Maiden Name

Email Address: _____ Cell Phone: _____

Father: _____ Religion: _____
First Name Last Name

Email Address: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship to child: _____ Phone: _____

Registration Fee

Registration fee: \$50 for one child, \$75 for two, \$100 for three or more children

Must be registered AND paid in full by October 6th, 2019. Payment must be made in full at the time with your registration and is nonrefundable. Please make checks payable to **St. Therese of Lisieux Catholic Church**. In the case of financial hardship, please contact the Religious Education Office via email to set up a payment plan.

Sacramental Program Fee (SEPARATE - NOT INCLUDED IN RELIGIOUS EDUCATION PROGRAM FEE)

If your child is preparing for **FIRST HOLY COMMUNION** or the **SACRAMENT OF CONFIRMATION** (usually students entering grades 2nd and 8th), please write a **SEPARATE CHECK** for your child's **SACRAMENTAL PROGRAM FEE** and enclose it with the registration form: \$80 for **FIRST HOLY COMMUNION** or \$75 for **SACRAMENT OF CONFIRMATION**.

PARISH INFORMATION – YOU MUST BE REGISTERED WITH A CHURCH!

- We are registered parishioners at St. Therese of Lisieux Parish Offertory #: _____
 We are registered in another parish. Parish name and envelope number: _____

STUDENT NAME: _____ GRADE: _____

DISMISSAL AUTHORIZATION

I will pick up my child after class at 11:45 am in the lobby of the school.

My child has my permission to walk home after classes without supervision.

For safety and security, please designate below other responsible parties who have your authorization to pick up your child from class if you are unable to:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Please tell us if there are any custodial issues or anyone who is not allowed to pick up the child from our care or receive information about the child: _____

Parent/Guardian Signature: _____ Date: _____

Regular attendance (no more than three excused absences), is very important and strongly encouraged so that our students may receive the full benefit of their religious education time. Parent requests for dismissal from class for sports practices will be counted as an unexcused absence. Excessive tardiness will also contribute an absent. An excused absence is one for illness, medical needs or other valid emergencies where notification has been received (stthereselisreligiousedu@gmail.com) before class begins. If, for some urgent reason, your child is unable to attend the 9:00am Mass, a note is required indicating the reason. Attendance at weekly Mass is considered part of the curriculum of the Religious Education Program.

HEALTH

Please indicate any special needs, medical conditions, allergies or dietary restrictions: _____

Any special needs the child may have, medical or behavioral concerns, will be kept confidential and only shared with the lead catechist once your child has been assigned to a specific class.

Child uses an EPI-PEN (Circle one) Y / N

Child carries the EPI-PEN on them (Circle One) Y / N

Please be advised that our CCD teachers are volunteers and are not able to administer EPI-PENS or any other medications.

In the case of a medical emergency, I designate the Director of Religious Education to make the best decision for the welfare of my child and I give permission for the Director of Religious Education or staff member to call 911 for emergency treatment while attending the Religious Education Program if I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

CHILD LURES PREVENTION PROGRAM PERMISSION

The Child Lures Prevention Program is mandated by the United States Conference of Catholic Bishops and is part of the curriculum for all students in Grades K – 8. All religious education programs are required to present this program to every child, every year. Child Lures Prevention is a program used to empower children to keep themselves safe from all predators who might harm them.

Check here only if you DO NOT want your child to participate in the Child Lures Prevention Program.

Parent/Guardian Signature: _____ Date: _____

MEDIA AUTHORIZATION

There may be an occasion where photographs/videos are taken of the children, classes, and activities during the Religious Education Program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, church bulletin or church website.

Check here only if you DO NOT want your child's photograph or video to be used.

Parent/Guardian Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Date of Registration: _____ Sibling: Yes No Certificates: Birth Baptism
 New Student Returning Student Email Access
 Paid in Full Payment Method: Cash Check: # _____ Amount: \$ _____
Family #: _____ Offertory #: _____ Student #: _____ Balance: \$ _____