

HOLY FAMILY -ST.LAURENCE R.C. PARISH

HOLY FAMILY (WORSHIP SITE) RELIGIOUS EDUCATION PROGRAM

Registration Form – 2020/2021

Please fill out 1 form per child: _____New Student _____Returning Student _____Male _____Female
Student Data: *Please fill out as necessary.*

Last Name: _____ First: _____ Middle: _____ Birth Date _____

Address: _____ Apt.# _____ Zip Code: _____ Telephone# _____

Email add.: _____ Owner: _____

Mother/Guardian name: _____ Daytime or
cell phone #: _____ Religion _____

Address (if different): _____

Father's name: _____ Daytime or
cell phone #: _____ Religion _____

Address (if different): _____

Mailing Name: _____ Address _____

All correspondence will be sent to the home address of the child, unless otherwise indicated.

School child will attend in September 2020: _____ Grade in September 2020 _____

Is your child in the NYC Board of Education Special Education Program: _____Yes _____No

New Students:

Where was previous Religious Education begun: _____ Grade Completed _____ None _____

Are you a registered member of Holy Family Parish? Yes No

Do you wish to be added to the Parish records? Yes No

Would you like to volunteer as a Teacher or Substitute Teacher? Yes No

Sacramental record: If not previously submitted, please attach a copy of your child's Baptismal Certificate even if Baptism was performed at Holy Family Church.

Sacrament	Dates	Parish	Location
Baptism			
Reconciliation			
First Communion			

Class Time: Sunday 9:30am – 12:15pm **Religious Education Grade for 2020/2021:** _____

Registration check list:

Birth Certificate Baptismal Certificate Registration Fee

Office use:

Fee rec'd date:	Amount Paid:	Cash/Check #:	Receipt #:

EMERGENCY INFORMATION

CHILD'S NAME: _____

Who is authorized to pick up your child from religious education classes?

My child has my permission to walk home after he/she is dismissed:

Parent /Guardian Signature: _____ Date: _____

Emergency contacts

1)

full name

relationship to child

tel. #

cell #

pager #

2)

full name

relationship to child

tel. #

cell #

pager #

In case of emergency, the Director of Religious Education will attempt to contact the parent/guardian before calling child's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Physician name _____ Tel. # _____

List of medication regularly taken _____

Please check all that apply:

- Heart Condition Diabetes Asthma Seizures ADD/ADHD
 Migraines Depression Other _____
 Allergies (specify) _____
 Hearing Problems (specify) left ear right ear hearing aids
 Vision problems (specify) glasses contacts blindness
 Physical handicap (specify) wheelchair crutches paralysis

Does the child carry an *Epi-Pen*? Yes No

Does s/he know how/when to use it appropriately? Yes No

Is there any information you would like the teacher to know about your child?

I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Signature _____ Date _____

RELIGIOUS EDUCATION PROGRAM HOLY FAMILY WORSHIP SITE

Covenant of Behavior

While participating in any Religious Education Activities, you represent your family as well as your parish, and we know that you will represent them well. We expect that you will display the mature, responsible leadership that is the goal of the Religious Education Program.

We want you to know what our expectations of you are while participating in the Religious Education Program. Please read these items carefully, we believe that these expectations will ensure that the religious education experience will be enjoyable and meaningful for all. Please note that all participants in the Religious Education Program will be expected to live by these regulations throughout the program.

As a student I will:

- Come to Religious Ed. prepared to work and to learn. This means arrive on time with all necessary materials, listen to direction, and participate in all activities (includes virtual learning)
- Speak respectfully to my peers and the volunteers or staff members of the Religious Education Program.
- Show consideration for property of Holy Family Worship Site and their students. Cost of damage will be the responsibility of parents or guardians.
- Refrain from doing any activity in the classroom/virtual learning that distracts from the lesson being presented including throwing things, irrelevant/inappropriate comments, etc.
- Not eat or drink in the classroom or during virtual learning

The following will not be tolerated in the Religious Education Program

- Swearing and other foul language
- Fighting with or threatening students, teachers, volunteers or staff of the Religious Education Program.
- Disruption to the class.

As a member of my parish I understand and agree to abide by the *Holy Family Worship Site Religious Education Covenant of Behavior*. I also understand that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the Program.

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____