

HOLY FAMILY-ST. LAURENCE R.C. CHURCH

St. Laurence Worship Site Religious Education

Registration Form – 2020/2021

Please fill out 1 form per child: _____ New Student _____ Returning Student _____ Male _____ Female

Student Data:

Please fill out as necessary – Leave no blanks, if it doesn't apply to you, write N/A on the line.

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

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

Email address: _____ 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/St. Laurence 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-St. Laurence Church.

Sacrament	Dates	Parish	Location
Baptism			
Reconciliation			
First Communion			

Class Time: Saturday 10:00 AM – 11:30 AM Religious Education Grade for 2020/2021: _____

Registration Fee \$80.00 per child, 2 children \$130.00, 3 children or more \$165.00

Sacramental Offering: First Communion \$60.00 Confirmation \$75.00

~~~~~Below is to be filled out by office staff~~~~~

#### Registration check list:

Birth Certificate  Baptismal Certificate  Registration Fee

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

Staff Initials: \_\_\_\_\_

**Registration Form – 2020/2021**  
***St. Laurence Worship Site Religious Education***

**Emergency Information**

**CHILD'S NAME:** \_\_\_\_\_

Who is authorized to pick up your child from religious education classes? (Keep in mind that we will begin with remote learning)

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:

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

Does the child carry an *Epi-Pen* or *Asthma pump*?  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 representatives of the Holy Family St. Laurence church Permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Holy Family- St. Laurence R.C. Church**  
***St. Laurence Worship Site Religious Education***

**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.
- Speak respectfully to my peers and the volunteers or staff members of the Religious Education Program.
- Show consideration for property of the church and its students. Cost of damage will be the responsibility of parents or guardians.
- Refrain from doing any activity in the classroom that distracts from the lesson being presented including throwing things, irrelevant/inappropriate comments, etc.
- Not eat or drink in the classroom

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- St. Laurence 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: \_\_\_\_\_