

Religious Education Registration Form
St. Elizabeth-St. Brigid Parish
Far Hills- Peapack
2019 - 2020

Registration fees will be \$175 for one child; \$250 for 2 children and \$325 for 3 or more children. Please submit one registration form per student. Tuition amount is payable by check and/or cash and must be attached to a completed registration form (s) for registration (s) to be accepted. Registrations of returning students received after May 31, 2019 will be waitlisted for the class request. First Communion fee \$75. Confirmation fee \$100.

TUITION FEES ARE NON REFUNDABLE

Registered Session: _____ 8:15 – 9:25 AM _____ 10:00 – 11:10 AM Check One: Returning _____ New _____ Our envelope number is _____ Name of Public/Private school attending: _____ Grade your child be attending school: _____ Total children attending: _____	<p style="text-align: center;">**OFFICE USE ONLY**</p> Grade Placement: _____ Session: 8:15-9:25 AM _____ 10:00-11:10 AM _____ Tuition: _____ Check #: _____ Sacrament Fee: _____ Check #: _____ Total Amount: _____ Cash: _____ Date: _____ Rcv'd By: _____ Additional donations to defray the costs of the program are appreciated. THANK YOU.
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Every effort will be made to meet your registered session; however, class size & early registrations will determine your session

Name of Student to be registered: _____
First Name Middle Last

Birth Date: _____
Month Day Year City/State of hospital where student was born

Address: _____
PO Box # Street # Street Name Town State Zip Code

Home Phone Number Cell Phone Number (Mom) Cell Phone Number (Dad) **E-Mail**

Father's Last Name First Name Living/Deceased Religion

Mother's Maiden Name First Name Living/Deceased Religion

Emergency Contact Name: _____ Phone Number: _____

Family Name if different from student: _____

Mailing Address if different from above _____

Guardian if applicable: _____

Student Name _____

Please note that each child in a family must have a complete registration form on file. Therefore, fill out all the sacramental information the first time a child is registered. The other sections must be updated annually.

SACRAMENTAL HISTORY – For children Baptized in our parish please fill in date and church only.
(If student attended last year Sacramental information is on file- it is not necessary to complete again)

_____, _____, _____, _____
Date of Baptism Church of Baptism City State
(Copy of Baptism Certificate must accompany this registration for all new & transferring students)

_____, _____, _____, _____
Date of Penance Church of Penance City State
(Grades 2 to 8 transferring from another parish must complete & attach letter of verification from previous parish)

_____, _____, _____, _____
Date of First Eucharist Church of First Eucharist City State
(Grades 2 to 8 transferring from another parish must complete & attach letter of verification from previous parish)

SPECIAL NEEDS – To be completed YEARLY

Please indicate if your child has any special support needs such as: learning difficulties or medically related problems. This information is kept confidential and is used only to provide the best caring and learning environment for your child. Please circle all that applies:

ADD/ADHD Medication Food Allergy Medical Condition Other

Special Services: IEP In class support , Casa de habla no inglesa

Additional Explanation if needed:

TRANSFERRING STUDENTS ONLY

Religious Education Program: _____

Parish Transferring From: _____

Parish Address: _____ City _____ State _____

Last Grade completed: _____ Year: _____ Letter Attached: _____ Yes _____ No

A letter from previous Religious Education Program stating that the applicant has successfully completed religious training up to the grade level you are requesting for applicant is required and must include verification of all sacraments received.