

**ST. MARY OF THE SNOW & ST. JOSEPH RELIGIOUS EDUCATION
2018 – 2019 REGISTRATION FORM**

For Office Use Only
Date Rec'd _____
Payment Rec'd \$ _____

GRADES 1 – 6: Classes offered on **Wednesday** from 6:00 – 7:30 pm
GRADES 7 & 8: Class days vary. See calendar for specific dates.

Our Religious Education program expects attendance at Mass every weekend and all Holy Days of Obligation by the child and at least one parent. I am aware of and agree to abide by this Mass attendance policy.

Required parent signature _____ **Date** _____

Family Information

Father's Name _____ Religion: _____

Mother's (**Maiden**) Name _____ Religion: _____

Mailing address _____

Family email _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

The child(ren) live with: both parents Mom Dad Other _____

If parents do not live together but custody is shared, mailings will be sent to both addresses.

If one parent/guardian has full custody, please provide copies of custody papers. This helps us clarify who is eligible to make decisions about the child(ren)'s religious education.

Second mailing address _____

Second parent email (only if parents do not live together) _____

Emergency Contact (person to be contacted in parent/guardian cannot be reached)

Name _____ Relationship _____

Home phone _____ Cell/work phone _____

Names of adults (18 and older) in addition to parent/guardian who are allowed to pick up your child(ren):

Parent/Student Handbook

Our family agrees to abide by all standards of behavior, attendance policies, and other rules set forth by the handbook. We understand that the handbook will be located on the Religious Education website, and will be provided to me in writing upon request.

Parent/Legal Guardian Signature _____ Date _____

Medical Release

Child(ren)'s Doctor _____ Phone _____

Address _____

In case of illness or accident, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact the 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 information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Legal Guardian Signature _____ Date _____

Student Information:

STUDENT NAME _____

Birthdate _____ Born in what city _____ Age _____

School _____ Grade 2018-2019 _____

Allergies, special health, or learning concerns we should be aware of:

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Reconciliation			
1 st Communion			

STUDENT NAME _____

Birthdate _____ Born in what city _____ Age _____

School _____ Grade 2018-2019 _____

Allergies, special health, or learning concerns we should be aware of:

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STUDENT NAME _____

Birthdate _____ Born in what city _____ Age _____

School _____ Grade 2018-2019 _____

Allergies, special health, or learning concerns we should be aware of:

Sacrament	Church Received	Church City, State	Year Received
Baptism			
1 st Reconciliation			
1 st Communion			

Media Authorization and Release

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of my child or children of whom I am the designated guardian.

Name(s) of Child(ren)

by St. Mary of the Snow & St. Joseph Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish"). I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts. I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my child/children by the parish, I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of action, loss, liability, damage or cost arising from this authorization.

Signature of Parent or Guardian

Date

NAME _____

PHONE _____

EMAIL _____

PARENTAL PARTICIPATION

Our Religious Education Program and Parish rely on volunteers. It is required that each family volunteer in some way during the year in the Religious Education Program / Parish. Minimum participation is 1.5 hours volunteer time and 1 shift at the Annual Church Bazaar held in June. Listed below are some opportunities for participation, (*failure to meet this commitment will result in an assessment of \$20*). Please check off any volunteer opportunities you may be interested in.

Classroom Instruction:

_____ Catechist (teacher) _____ Catechist Assistant (teacher/helper) _____ Substitute Catechist

_____ one-to-one help with student tutoring

_____ Preparing Banners for special occasions (sewing)

_____ Hall monitor / dismissal helper

_____ Family Night helper clean up / set up

_____ Helper to set up/ clean up at meals & receptions

_____ Family Night Planning Committee

_____ Fundraising

_____ Teen Group Volunteer

_____ Crafts

_____ Confirmation Retreat Team

_____ Church Bazaar help in June: set up / cleanup

_____ Church Bazaar help in June: working at a booth

_____ Other Parish Service: