

Religious Education Program Registration Form 2024-2025

Student Name: _____ Current School Grade: _____

Address: _____

Date of Birth: _____ Place of Birth _____

Current School: _____

Father's Name _____

Religion _____ Phone: _____

Mother's Maiden Name: _____

Religion: _____ Phone: _____

Legal Guardian Name: _____

Religion: _____ Phone: _____

Parent/Guardian Email: _____

Child Lives with: Both parents _____ Mother _____ Father _____ Other _____

For other – Name & relationship _____

<u>Sacrament</u>	Date	Church	Address	Seen by
Baptism				
1st Communion				
1st Penance				
Confirmation				

**New registrants must submit proof of Sacraments.

Allergies or other important medical information: _____

It is expected that children attend Religious Ed from 10-11:15 AM at the St. Francis Xavier Church Hall in Narrowsburg, NY. The Program runs from September 15, 2024 – May 18th, 2025. Children must attend all classes, unless they have a valid excuse. During inclement weather, classes may be cancelled and students will be notified. .

NOTE:

An important part of Religious Education is mass attendance. Mass attendance will be recorded. For those students who are scheduled to receive sacraments, mass attendance will be a consideration for their eligibility.

The cost of the program is as follows:

1 child - \$30. More than 1 child - \$50

Payments are due September 15, at Registration in the church hall

Make checks out to: **St. Francis Xavier**

Please return this form and payment in person or in the collection on September 17th in the St. Francis Xavier Church Hall.

STATEMENTS:

A.) Please enroll my child in the St. Francis Xavier Religious Education Program for 2024-25 school year. I agree to all policies as outlined above.

B.) I acknowledge receipt of informational material regarding our Safe Environment Program (available online and at registration)

C.) I give my permission to have my child photographed during any church event.

Parent/guardian signature _____

Date _____

**IN CASE OF EMERGENCY- PERSON TO CONTACT IF PARENT/GUARDIAN
CANNOT BE REACHED:**

NAME _____ **PHONE** _____

ADDRESS _____

RELATIONSHIP: _____

DOCTOR IN CASE OF EMERGENCY:

NAME _____ **PHONE** _____

ADDRESS _____

In case of accident or illness, I request that the representative of the Parish catechetical Program contact me. If I, or the emergency contact, are unable to be reached, I hereby authorize this representative to call the Physician indicated and to follow the Physician's instructions. If it is impossible to contact this 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/Guardian Signature _____

Date _____