

# 2018-2019 BAYONNE RELIGIOUS EDUCATION REGISTRATION FORM

For the Parishes of:

**Bl. Miriam Teresa Demjanovich**  
326 Avenue C  
(201) 437-4090

**St. Henry**  
82 West 29 St.  
(201) 339-0319

**St. John Paul II**  
39 East 22 St.  
(201) 339-2070

**St. Vincent de Paul**  
979 Avenue C  
(201) 436-2222

*Please clearly print all information. All registration forms are due no later than September 7, 2018.*

All families of our Religious Education program **must be registered** at one of the parishes in Bayonne.

Please indicate the parish at which your family is registered: *(Circle One)*

**Bl. Miriam Teresa Demjanovich**

**St. Henry**

**St. John Paul II**

**St. Vincent de Paul**

As registered parishioners in Bayonne, you are welcome to register for the Religious Education program of your choice at any of our four parishes. Please indicate which program your child would like to attend if space is available: *(Circle One)*

**Bl. Miriam Teresa Demjanovich**

**St. Henry**

**St. John Paul II**

**St. Vincent de Paul**

## CHILD'S INFORMATION:

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male/Female \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_  
*Circle One*

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_

Child lives with *(please circle one)*: Both Parents Father Mother Grandparents Guardian

School: \_\_\_\_\_ Grade in September 2018: \_\_\_\_\_ Religious Education Grade: \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**\*\*NEW STUDENTS ONLY:** Please attach a copy of your child's certificate(s) for all of the sacraments received to this form.

Sacraments Received:

Baptism Church: \_\_\_\_\_ Date: \_\_\_\_\_  
Name \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_

Penance Church: \_\_\_\_\_ Date: \_\_\_\_\_  
Name \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_

Eucharist Church: \_\_\_\_\_ Date: \_\_\_\_\_  
Name \_\_\_\_\_ City/State \_\_\_\_\_ Country \_\_\_\_\_

**Special Needs:** please circle if any accommodations are needed in the following areas

\*Attention Deficit Hyperactivity Disorder \*Deaf or hard of hearing \*Use mobility aid (wheelchair, leg braces, etc.)

\*Autism Spectrum Disorder (Autism, Asperger's Syndrome, etc.) \*Developmental disability \*Low vision / legally blind

\*Behavioral / emotional disorder \*Other (please specify): \_\_\_\_\_

If the child has begun religious education at another parish/Catholic school, please indicate:

Parish Religious Education OR Catholic School \_\_\_\_\_  
*Circle one* Name \_\_\_\_\_ City \_\_\_\_\_

## PARENT/GUARDIAN'S INFORMATION:

MOTHER: \_\_\_\_\_ ( \_\_\_\_\_ ) Religion: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Instant Contact Information: \_\_\_\_\_

**Instant Contact Details/Instructions:** We may need to inform you of a school closing or any other immediate message. For those of you who have smartphones and receive emails on the spot, your Instant Contact information can be your email address. If you wish to receive your immediate notification via text, please provide your Instant Contact information as your cell phone number in email address format. The generic format for converting a cell phone number to an email address is: your 10-digit cell phone number @ carrier's website. For example, if your service provider is Verizon, your Instant Contact Information would be 2015551212@vtext.com. (Verizon Example) For specific instructions on converting your cell phone number to an email address, please contact your service provider.

**(Continued on other side of page)**

FATHER: \_\_\_\_\_ Religion: \_\_\_\_\_  
*First Name Last Name*

Home Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Instant Contact Information: \_\_\_\_\_

**(See Instant Contact details and instructions on other side of this page.)**

GUARDIAN: \_\_\_\_\_ Religion: \_\_\_\_\_  
*If Applicable First Name Last Name*

Home Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Instant Contact Information: \_\_\_\_\_

**(See Instant Contact details and instructions on other side of this page.)**

Language(s) spoken at home other than English: \_\_\_\_\_

I give my permission to have my child's pictures published in a public newspaper, parish bulletin, and/or on the parish website and social media sites.

YES \_\_\_ NO \_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT**

The success of our Religious Education Program relies on the generosity of time and talent of our adult volunteers.

You are encouraged to help us with the following positions:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Catechist (Lead Teacher) | <input type="checkbox"/> Assistant Catechist (Teacher's Aide) | <input type="checkbox"/> Substitute Catechist           |
| <input type="checkbox"/> Office Assistant         | <input type="checkbox"/> Hall Supervisor                      | <input type="checkbox"/> Children's Liturgy of the Word |

**REGISTRATION DATES/FEES**

Religious Education Program Registration for all parishes will begin on April 2, 2018 and end on September 7, 2018.

Religious Education Program fees are as follows:

- 1 child - \$75.00 if registered by June 30<sup>th</sup>. \$100 if registered on July 1<sup>st</sup> or later.
- 2 or more children \$125.00 if registered by June 30<sup>th</sup>. \$150 if registered on July 1<sup>st</sup> or later.

Religious Education Sacramental Preparation Fees are as follows:

- Reconciliation/1st Communion - 1 fee of \$75 for the preparation of both Sacraments per child in addition to program fees.
- Confirmation Preparation Fee is \$100.00 per child – there will be no additional registration fees and **no early discount**.

Please return this Registration Form by mail or in person to the Parish Office where your family is registered and to the attention of the Director of Religious Education. Please make checks payable to your parish.

Financial difficulties should never interfere with the religious education of our children. If you have difficulty with the registration fees of our program, please contact the pastor of the parish at which your family is registered. All calls and requests for financial help will be confidential.

**MASS ATTENDANCE:** Does your family attend Mass? Yes \_\_\_ No \_\_\_ If yes, how often? (Daily Weekly Monthly Yearly)  
*Please circle one*

**ADDITIONAL INFORMATION**

Is there any additional information that we need to know about your child? Please specify in the space below.

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