

2019-2020 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 6, 2019.

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 Circle One City/State Country

Home Address: _____ Home Phone: _____
Street Town

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

School: _____ Grade in September 2019: _____ 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:

- Catechist (Lead Teacher) Assistant Catechist (Teacher's Aide) Substitute Catechist
- Office Assistant Hall Supervisor Children's Liturgy of the Word

REGISTRATION DATES/FEEES

Religious Education Program Registration for all parishes will begin on April 1, 2019 and end on September 6, 2019.

Religious Education Program fees are as follows:

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

