



St. Patrick's Religious Education Office
 117 Moseman Road
 Yorktown Heights NY 10598
 914-962-5586

OFFICE USE ONLY	
Date Received :	_____
Returning	New
From :	_____
To :	_____

CIRCLE IF CHANGED since last year:

Email Address _____ Phone Number _____

PAYMENT, BAPTISMAL CERTIFICATES (even if Baptized at St. Patricks) & SCHOOL RECORDS MUST ALL BE PROVIDED BEFORE THIS REGISTRATION IS ACCEPTED AND BEFORE BEING PLACED IN A CLASS

Family Last Name _____ Primary Phone _____

Address _____

Primary Email Address _____

We are registered members of St. Patrick's Parish-- Yes – how long _____ No _____

Full Name of Father _____ DOB _____ Religion _____

Cell # _____ Work # _____ Employer _____

Full Name of Mother _____ DOB _____ Religion _____

Mother MAIDEN Name _____

Cell # _____ Work # _____ Employer _____

Are Parents Married? Yes ___ No ___ Widowed___ Separated _____ Divorced _____
 (If applicable, explain custody arrangements & attach any necessary documents)

Local Emergency Contact Name (other than parent) _____ Relation to child _____

Cell phone _____ Home Phone _____

TUITION & FEES 2024-2025

Regular Fee up to June 17th/ Price Increase after June 17th

1 Child	\$260 / \$300
2 Children	\$380 / \$420
3+ Children	\$460/ \$500
Class Change Fee	\$25 per child

Pymnt Method Check # _____ Charge # _____ Cash _____ TOTAL DUE : _____

Inv # _____ Received By : _____

FIRST CHILD ENROLLMENT

Child's Full Name _____ Grade (2024-2025) _____ DOB _____ M ___ F ___

Full Name of School attending 2024-2025 _____ Age _____ Religion _____

Previous Years Religious Education 1__ 2__ 3__ 4__ 5__ 6__ 7__ Location _____

SACRAMENTS Received BAPTISM _____ Penance _____ First Communion _____ Confirmation _____

List any special learning needs and/or medical conditions. We will ask you to complete a "Special Needs" form.

SECOND CHILD ENROLLMENT

Child's Full Name _____ Grade (2024-2025) _____ DOB _____ M ___ F ___

Full Name of School attending 2024-2025 _____ Age _____ Religion _____

Previous Years Religious Education 1__ 2__ 3__ 4__ 5__ 6__ 7__ Location _____

SACRAMENTS Received BAPTISM _____ Penance _____ First Communion _____ Confirmation _____

List any special learning needs and/or medical conditions. We will ask you to complete a "Special Needs" form.

THIRD CHILD ENROLLMENT

Child's Full Name _____ Grade (2024-2025) _____ DOB _____ M ___ F ___

Full Name of School attending 2024-2025 _____ Age _____ Religion _____

Previous Years Religious Education 1__ 2__ 3__ 4__ 5__ 6__ 7__ Location _____

SACRAMENTS Received BAPTISM _____ Penance _____ First Communion _____ Confirmation _____

List any special learning needs and/or medical conditions. We will ask you to complete a "Special Needs" form.

FOURTH CHILD ENROLLMENT

Child's Full Name _____ Grade (2024-2025) _____ DOB _____ M ___ F ___

Full Name of School attending 2024-2025 _____ Age _____ Religion _____

Previous Years Religious Education 1__ 2__ 3__ 4__ 5__ 6__ 7__ Location _____

SACRAMENTS Received BAPTISM _____ Penance _____ First Communion _____ Confirmation _____

List any special learning needs and/or medical conditions. We will ask you to complete a "Special Needs" form.

CLASS PLACEMENT

- Students are placed in class on a first come, first served basis.
- BAPTISMAL CERTIFICATES & TUITION must all be provided before being placed in class
- Transfer Students from another CCD program or Catholic school must also provide attendance records
- Class change request will be honored only if space is available and is accompanied by a \$25 fee per child

WEEKLY CLASS OPTIONS ARE AS FOLLOWS (UNTIL CLASS CAPACITY IS REACHED):

Grades 3-8	Monday 4:30 pm	Monday 6:00 pm	Tuesday 4:30 pm	Wednesday 4:30 pm
Grades 1-2	Monday 4:30 pm	-----	Tuesday 4:30 pm	Wednesday 4:30 pm

Please indicate below a 1st and 2nd Choice for each child.

Child 1 Name: _____ Grade: _____ 1st Choice Day: _____ Time: _____
 2nd Choice Day: _____ Time: _____

Child 2 Name: _____ Grade: _____ 1st Choice Day: _____ Time: _____
 2nd Choice Day: _____ Time: _____

Child 3 Name: _____ Grade: _____ 1st Choice Day: _____ Time: _____
 2nd Choice Day: _____ Time: _____

Child 4 Name: _____ Grade: _____ 1st Choice Day: _____ Time: _____
 2nd Choice Day: _____ Time: _____

The Religious Education Office needs your help!

_____ I would like to be a **Catechist** _____ I would like to be a **Substitute Catechist**

_____ I would like to be a **Hall Monitor**

Name _____

Phone Number _____

Email Address _____

Medical attention

In case of accident or illness, I request that the representative of St. Patrick's Religious Education Program contact me. If I am unable to be reached, I hereby authorize this representative to take whatever action is necessary for proper medical attention to be received by my child. 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 give my consent to and authorize the necessary procedures that have been stated above.

*Please note that because we do not have medical staff on site during class times, we cannot administer any form of medication to any child, including epi-pens. **Parents or a designated representative must be present to administer any medication to their own child.***

Signature of Parent or Guardian: _____ Date: _____

Parent/Guardian Faith Commitment

Parents are the primary Catechists of their children. Religious Education can assist, but not replace this vital role of parents in the faith formation of their child(ren). Therefore:

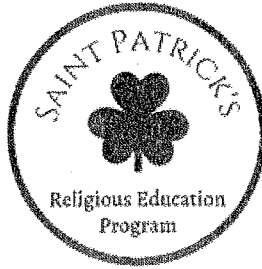
- I will ensure that my child attends **MASS ON SUNDAYS AND HOLYDAYS.**
- I will incorporate **PRAYER** into our daily lives as a family
- I will review with my child what is learned in Religious Education

Signature of Parent or Guardian: _____ Date: _____

St. Patrick's Religious Education Policy Agreement

- There is **NO EARLY DISMISSAL** from class
- Buildings will be **LOCKED 15 MINUTES** after the class start time
- NO FOOD OR DRINK** is allowed in the classrooms—only water may be brought in.
- CELL PHONE use by students is not allowed** during class.
- EXCESSIVE ABSENCES** from class may result in having to repeat the year
- All students are expected to complete **homework** assignments
- All students are expected to bring their books and a pen or pencil to class each week
- All students are expected to adhere to our behavior policy outlined in the Parent Handbook
- All students are to adhere to our dress code as outlined in the Parent Handbook
- Parents are to review the Safe Environment material included in the Parent Handbook

Signature of Parent or Guardian: _____ Date: _____



Medical Form

In case of emergency, we will immediately call 911. After calling 911, we will call the child's parents.

Student Name: _____ Birthday ___/___/___ Gr. _____ Day: _____

Parent Name: _____

Please explain the nature of your child's medical condition:

Steps to be taken:

Please list your emergency contact information below:

Mother's Name: _____

Cell: _____ Home: _____ Work: _____

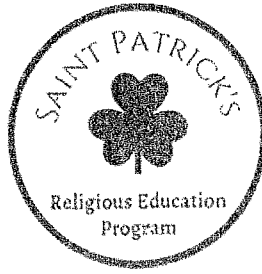
Father's Name: _____ Cell: _____

_____ Home: _____ Work: _____

Emergency Contact in case you cannot be reached: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Parent Signature: _____ Date: _____



Special Learning Needs Form

Student Name: _____ Birthday ___/___/___ Gr. _____ Day: _____

Parent Name: _____

Please explain the nature of your child's learning needs: _____

Please tell us how we can best accommodate your child's learning needs: _____

Please share any important details that you would like us to be aware of: _____
