

**ST. JOHN THE EVANGELIST
OUR LADY OF MOUNT CARMEL**

Religious Education Program

Registration Information – School Year 2018-19

Registration Fees for 2018-19 are as follows:

\$50.00 per family – only if entering the Religious Ed Program as “New”

Returning families:

\$100.00 – 1 child

\$175.00 – 2 children

\$250.00 – 3 children

\$325.00 – 4 children

\$400.00 – 5 or more children

Plus:

\$20.00 per child per book (if book is lost, additional book fees apply)

\$40.00 per child per Sacrament-related Fees (Confirmation and FHC only)

\$20.00 per child per Bible (applies to 6th, 7th and 8th grades only)

\$30.00 Late Registration per family – when registering after October 1, 2018

Required documents to present:

- Birth Certificate - for children over 7 yrs. old, who need the Sacrament of Baptism

- Baptism Certificate – for children who need the Sacrament of First Holy Communion

**- Baptism Certificate & First Holy Communion Certificate – for children who need the
Sacrament of Confirmation**

Returning Students – please return the Registration Form by April 29, 2018

-Checks or Money Orders – payments may be attached and returned with the form

-Cash – payments may be made on April 22 and 29 as follows:

- at the Religious Education Office at SJE

- or handed to Andrea in person at Mount Carmel

- Registration payments/balances may also be made during the summer at the Rectory:

Monday – Friday 9:30am – 12pm

Child Information Record - Yearly Registration Form 2018-19
Returning Students – please return this form by April 29, 2018

Child's Full Name as on Baptismal Certificate: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Child's Date of Birth: _____ Gender _____

Was Child baptized? Yes ___ No ___ Copy of Baptismal Certificate Attached _____

Mother's Name: _____ Religion _____

Mother's Maiden Name: _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Home Address: _____

Father's Name: _____ Religion _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Home Address: _____

Legal Guardian's Name: _____ Religion _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Home Address _____

Child resides with: _____

(e.g. Mother & Father, Mother, Father, Other – Specify)

Is there an order to limit access to the non-custodial parent? Yes ___ No ___

If yes, provide name of non-custodial parent: _____

Name of parent or parent substitute who will transport child/youth to and from Program:

_____ Cell Phone Number: _____

Does child have special learning needs or learning problem?

Is there any additional information we should know about your child?

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WHITE PLAINS, NY 10601

Child Information Record for _____
(Child's Name)

In Case of Emergency

**Persons to Contact If Parent/Legal Guardian Cannot Be Reached:
(Give contact information specific to time of Religious Education Session.)**

Name: _____ Relationship: _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address: _____

Doctor for Emergency: _____ Work Phone _____

Cell Phone _____:

Address: _____

Special Medical Conditions:

Procedures to be followed if this condition becomes an emergency:

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am 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: _____

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WHITE PLAINS, NY 10601

Child Information Record for _____
(child's name)

Agreement to be Used in Case of a Child with Allergies

Does Child have allergies? _____ Yes _____ No

List allergies:

Course of action to be followed if allergy presents an emergency condition:

Parent and Director of Religious Education agree on the following course of action:

What medication will be administered? _____

Who will administer medication?

(Name of Person)

(Role of Person)

Where will this medication be kept so as to be readily available?

What other actions will be taken?

By Whom? _____

Whenever emergency medication is administered, "911" will be called without exception.

Parent/Guardian Signature: _____

Date: _____

Director of Religious Education Signature: _____

Date: _____

Signature of Any other person involved: _____

Date: _____