

PARISH OF OUR LADY OF PITY - SAINT ANTHONY OF PADUA

Religious Education Program

FAMILY REGISTRATION FORM 2018-2019

PLEASE PRINT

Child's Family Name: _____

Date: _____

Address: _____

Staten Island, New York - Zip _____

Phone: Home # _____

Family Envelope # _____

Father's Name _____ Mother's Name _____

Legal Guardian's Name (If different from parents) _____

To whom should mail be addressed? _____

E-mail address _____ **(please print clearly)**

List all children in the religious education program.

First and Last Name	Circle one	Grade in CCD Sept 2018	Grade in PS Sept 2018	School Name or #	Choice of day
1. _____	M F	_____	_____	_____	_____
2. _____	M F	_____	_____	_____	_____
3. _____	M F	_____	_____	_____	_____
4. _____	M F	_____	_____	_____	_____

Does your child have an IEP? ___yes ___no **If yes, please explain.**

Please indicate any allergies, special needs or circumstances about the student that we should be aware of.

REGISTRATION FEES

Amount Due _____ Amount Paid _____ Cash _____ Check # _____

Make check payable to OUR LADY OF PITY CHURCH.

Received by _____ Date Received _____

Baptismal Certificate _____

Received by _____

OVER

MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs and/or videos of my children for the purpose of his/her sacrament day in the Religious Education program. I hereby grant to the parish the right to use images for the purpose of display and I hereby consent to the editing, reproduction and use of said images in any form for the Religious Education Office or on the Church internet.

I also consent to the taking of photographs of non-sacrament classes so as to display the activities of the students on social media.

Signature of parent or guardian _____ **Date** _____

VOLUNTEER

If you would like to volunteer in the Religious Education program, please check where your interest lies.

____ Help with Family days (2 times/year) Circle area of interest

Planning hospitality decorations food presentations crafts publicity

STUDENT INFORMATION RECORD 2018-2019

First and last names of children in CCD	Grade in CCD (Fall of 2018)	Date of birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Home phone number _____

Father's Name _____ Cell Phone # _____

Mother's Name _____ Cell Phone # _____

(Legal Guardian's Name) _____ Cell Phone # _____

Persons other than parents who may/will pick up the student:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

IN CASE OF EMERGENCY

Persons to contact if Parent/Legal Guardian cannot be reached:

NAME: _____ CELL #: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

DOCTOR: _____ PHONE #: _____

ADDRESS: _____

In case of accident or illness, I request that the representative of the parish Religious Education 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 Religious Education 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.

Signature of parent or guardian _____ **Date** _____