

Holy Trinity Church

Religious Education Office

Lisa Timm, Director

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20 Springside Avenue

Poughkeepsie NY 12603

(845) 471-5838

Religious Education 2017-2018

REGISTRATION INFORMATION

Thank you for your interest in our Religious Education program. We are happy to be of assistance to you as you fulfill the promise made at your child's baptism to teach your children to walk in the ways of our Catholic faith. We pray that our program will help support your on-going efforts to bring up your children to know and love God and become active members of the Catholic Church.

- Sessions will be offered for grades 1-8 (only).
- There are two sessions to *choose* from:
 1. **Sunday mornings, 8:15-9:45 AM** - Sept 10th - May 13th
 2. **Wednesday evenings, 4:30-6:00 PM** - Sept 13th - May 16th
- Session availability is on a first come, first serve basis. Class sizes will be limited for each session!
- *Early registration discount* is given to those who register by July 31st.

(There are 4 pages total in this registration packet)

***FEES**

DISCOUNTED Early Registration: Now through July 31st (only)

Fees*

1 child: \$150
2 children: \$225
3 + children: \$275

(*For children entering Grade 6: Add \$15.00 Bible fee)

Regular Registration: If registering after July 31th, please keep in mind that the following fees will apply:

Fees*

1 child: \$175
2 children: \$250
3 + children: \$300

(*For children entering Grade 6: Add \$15.00 Bible fee)

Checklist of items required in order for Registration to be processed:

- _____ Completed ***Registration Form*** (attached).
- _____ **Full payment.**
Unfortunately, payment plans can no longer be offered. If you need to speak with Mrs. Timm about this further, please call our office to make an appointment.
- _____ ***Emergency Form*** (attached). A separate form must be filled out for EACH child enrolled.

Additional requirements for NEW children to the program:

- _____ **Baptismal Certificate** and any former Religious Education records (if transferring). Original certificate must be presented.
- _____ ***Religious Education Parent Handbook: - signature page***
Access at: <http://holytrinitypoughkeepsie.com/faith-formation-1>
Read, print out signature page, sign and return.

***PLEASE NOTE: Registration cannot be processed without ALL of the above.**

Religious Education REGISTRATION FORM (Grades 1-8)

MOTHER'S first and last name: _____

Maiden name: _____

Religion: _____

Address (street, town, zip): _____

Email: _____

Home Ph: _____ Cell Ph: _____

FATHER'S first and last name: _____

Religion: _____

Address (street, town, zip): _____

Email: _____

Home Ph: _____ Cell Ph: _____

Which parent is the **primary contact** for communication purposes? _____

CHILDREN'S first and last name:	Date of birth:	Religious Education Grade (Sept.2017) :
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Session Choice: (Choose one)

Sunday morning 8:15-9:45 AM _____

Wednesday evening 4:30-6:00 PM _____

For office use only:

Paid: ck/cash: _____

Date: _____ By: _____

Does your child (/children) have any **ALLERGIES** or **SPECIAL NEED(S)** that we should be made aware of? If so, explain _____

Parent/Guardian signature (please sign here) : _____

Religious Education

EMERGENCY FORM 2017-2018 – A completed form is needed for EACH CHILD

Child's name: _____ Date of birth: _____

Mother's name: _____ Phone # (to contact during class time) _____

Father's name: _____ Phone # (to contact during class time) _____

Who is the primary person to contact during class time? _____

Person(s) we may contact during class time in the event of an emergency if the parent/guardian cannot be reached:

1. Name & relationship: _____ Telephone # _____

2. Name & relationship: _____ Telephone # _____

Child's doctor (for emergency): _____ Telephone # _____

Please list here any medications this child is currently taking that we, or emergency personnel, should know about:

Please list here any allergies or medical conditions that we, or emergency personnel, should be aware of:

In case of accident or illness, I request that the representative of the parish catechetical program contact me or one of the alternate contacts indicated above. If I am unable to be reached, I hereby authorize this representative to call 911 and/or the physician indicated and to follow instructions given by emergency personnel and/or the physician. 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:** _____