

# Holy Trinity Church

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Religious Education Office

Lisa Timm, Director

Liz Pafumi, Administrative Assistant

20 Springside Avenue

Poughkeepsie NY 12603

(845) 471-5838

## Religious Education 2018-2019

### 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.

- Sessions will be offered for grades 1-8
- Classes will run from September through May. (The calendar of classes will be posted on the website in August.)
- There are two sessions to *choose* from:
  - ❖ Sunday mornings, 8:15-9:45 AM
  - ❖ Wednesday evenings, 4:30-6:00 PM
- Session availability is on a first come, first serve basis.
- There is an early registration discount of \$25 for those who register by June 30th.
- We are always looking for good Catechists for our children. We offer a *substantial discount* to those who have children in the program. We ask you to consider helping us teach. There is no experience necessary as we supply all teaching materials to help you! Please contact us for more information.
- We are also looking for Assistants in our classrooms, office and hallways. We offer a 50% discount to committed helpers. Please contact us for more information.

**(There are 4 pages total in this registration packet)**

**\*FEES**

**Early Registration:** Now through June 30<sup>th</sup> (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 June 30<sup>th</sup>, 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)

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

- \_\_\_\_\_ Completed *Registration Form* (attached).
- \_\_\_\_\_ **Full payment.** 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.

**For children NEW to the program:** In addition to the above you must also:

- \_\_\_\_\_ Bring in the child's **Baptismal Certificate** and any former Religious Education records (if transferring). Original certificate must be presented.
- \_\_\_\_\_ Receive a *Religious Education Parent Handbook* from our office.

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

**Religious Education REGISTRATION FORM (Grades 1-8)**

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

**Session Choice: (Choose one)**

Sunday morning 8:15-9:45 AM \_\_\_\_\_

Wednesday evening 4:30-6:00 PM \_\_\_\_\_

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

*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? \_\_\_\_\_

Parent/Guardian signature (please sign here) : \_\_\_\_\_

## Religious Education

### **EMERGENCY FORM 2018-2019 – 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:** \_\_\_\_\_