

# Holy Trinity Church

RELIGIOUS EDUCATION OFFICE

20 Springside Avenue  
Poughkeepsie NY 12603

Deacon Shaun. R. Boyce Sr, Director of Parish Life  
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(845) 471-5838

## Religious Education 2021-2022

### REGISTRATION INFORMATION: Grade 1-8

† Class sessions are held from September-May.

Choose **one**:

- **Wednesday Afternoon (In-Person)**, 4:30 PM-6:00 PM
- **Sunday Morning (In-Person)**, 8:15 AM-9:45 AM
- **Home School (My Catholic Faith Delivered program)**

**\*\*IF YOU REGISTER BEFORE JUNE 30<sup>TH</sup>, 2021  
YOU WILL RECEIVE AN ADDITIONAL \$25 DISCOUNT!!!**

† We are always looking for catechists for our students. We do offer a *discount* to those who have children in the program. Please speak with Deacon Shaun Boyce or Mary if you are considering becoming a catechist!

† We are also looking for Assistants in our classrooms, office and hallways. We also offer a discount to these committed helpers. PLEASE CONTACT US.



(There are a total of 4 pages in this registration packet!)

## FEES

If you are registering **BEFORE June 30<sup>th</sup>**: the following fees will apply:

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

If you are registering **AFTER June 30<sup>th</sup>**:

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

*\*Cash or Check are acceptable payments.  
If you are paying with check, please address it to  
**“Holy Trinity Church”***

### **Registration Checklist:**

\*Please note that all of the items on the check list  
**must** be completed in order to register your child!

#### **Student Checklist:**

- † \_\_\_ Completed *Registration Form (Page #3)*.
- † \_\_\_ If you are not an enrolled member of Holy Trinity, please contact Diana Accardi, Parish Office Manager at (845) 452-1863 to register your family. This is a *requirement*. Please include the registration paperwork with this packet
- † \_\_\_ The registration fee either check or cash.  
(Questions regarding the payment? Please call our office at (845) 452-1863.)
- † \_\_\_ Emergency Form (Page 4). For each child enrolled, a **new** sheet **must** be filled out!
- † \_\_\_ IF your child is not attending in-person classes, he or she will be enrolled in *My Catholic Faith Delivered*. In-person children will meet weekly with their catechists.

#### **New Applicants To Our Program:**

\*\*\*In addition to the items listed above:

- † \_\_\_ If your child has received any of the Sacraments (Baptism/Confirmation/Communion) please provide original certificates (stamped and signed). **We will make copies of the original and return.**
- † \_\_\_ Obtain a copy of the *Religious Education Parent Handbook* from the parish website or the religious education office. Sign the last page, indicating acceptance of policies and procedures.

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

# Registration Form:

**Are you NEW to the Religious Education program ? Yes \_\_\_\_\_ NO \_\_\_\_\_**

**Student** first and last name: \_\_\_\_\_ Male or Female? \_\_\_\_\_ Birthdate: \_\_\_\_\_ Religious Education Grade in fall: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Session Choice: (Check off ONE)

**Sunday Morning, 8:15 AM- 9:45 AM** \_\_\_\_\_

**Wednesday Afternoon, 4:30 PM-6:00 PM** \_\_\_\_\_

**Home School (*My Catholic Faith Delivered*)** \_\_\_\_\_

**MOTHER'S** first and last name: \_\_\_\_\_

**Maiden name:** \_\_\_\_\_

Religion: \_\_\_\_\_

Address :Street \_\_\_\_\_ Town, \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**FATHER'S** first and last name: \_\_\_\_\_

Religion: \_\_\_\_\_

Address :Street \_\_\_\_\_ Town, \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which parent is the ***primary contact*** for communication purposes? \_\_\_\_\_

Which email address is preferred? \_\_\_\_\_

Which parent's address should we mail to if not the same? \_\_\_\_\_

**Parent/Guardian signature Sign here:** \_\_\_\_\_

**EMERGENCY FORM 2021-2022:**

**You must fill this form out for each child being enrolled.**

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 # \_\_\_\_\_

\* Does your child have any **allergies** or **special need(s)** that we should be made aware of?

If so, explain \_\_\_\_\_

Child's doctor (for emergency): \_\_\_\_\_ Telephone # \_\_\_\_\_

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

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**\*Please list here any allergies OR medical conditions that we, or emergency personnel, should be aware of**-----

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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:** \_\_\_\_\_