

DIOCESE OF TRENTON FAMILY REGISTRATION FORM 2019/20

Family ID# _____

ST. MARY'S PARISH , 100 BISHOP LANE, MANAHAWKIN, NJ 08050

Date Received : _____

Initials: _____

(PLEASE PRINT CLEARLY) ARE YOU CURRENTLY REGISTERED IN ST. MARY PARISH? (CIRCLE ONE) YES NO

CHECK ONE: New Family _____ RE-REGISTRATION _____ (ASRCS) _____ E-MAIL _____

CIRCLE PROGRAM(S): PARISH PROGRAM FATIMA RCIA/CUP SUMMER HIGH SCHOOL HOME STUDY

FAMILY LAST NAME: _____ CUSTODIAL PARENT: _____

MOTHER'S NAME _____ MAIDEN _____ RELIGION _____ DECEASED _____

ADDRESS _____ City _____ ZIP _____

MOTHER'S PHONE # _____ WORK # _____ EMERGENCY # : _____

NATURAL FATHER'S NAME: _____ RELIGION _____ DECEASED _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S PHONE # _____ WORK # _____ EMERGENCY # _____

LEGAL GUARDIAN IF DIFFERENT _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ZIP _____

PHONE #: _____ WORK # _____ EMERGENCY # _____

WERE YOU REGISTERED IN OUR RELIGIOUS EDUCATION PROGRAM LAST YEAR?: YES NO

IF NOT ST. MARY'S PROGRAM, WHICH PARISH PROGRAM?: _____

ALL NEW STUDENTS MUST HAVE A COPY OF THE BAPTISMAL, PENANCE AND/OR COMMUNION CERTIFICATE OR A BIRTH CERTIFICATE IF NOT BAPTIZED, ATTACHED AT TIME OF REGISTRATION IN ORDER FOR THE CHILD TO BE ENROLLED IN THE PROGRAM

PLEASE LIST ALL STUDENTS WHO WILL BE ATTENDING CLASSES IN THE FALL OR SUMMER PROGRAM. WE DO NOT TAKE OR HONOR REQUESTS FOR CATECHISTS REGARDLESS OF THE REASON. STUDENTS ARE PLACED AS THEY COME INTO THE PROGRAM.

| Baptismal First Name (Last name if different) | Birthday | Choice of Class Day | Grade Attending In September | M/F | Issues (Put One Yes or No (Explain on back of this form.)) | Assigned Class and Teacher (Office Use Only) |
|---|-------------|---------------------|------------------------------|-----|--|--|
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| Calendar Given _____ | Book | Given _____ | | | | |

EXPLANATION OF MEDICAL, CUSTODIAL AND LEARNING CONDITIONS –THIS INFORMATION WILL BE RELEASED TO CATECHIST, UNLESS OTHERWISE REQUESTED,

Please list each child and the information on the appropriate lines below.

CUSTODIAL:

Child: _____

SPECIAL NEEDS:

Child: _____

MEDICAL:

Child: _____

PROMOTIONAL RELEASE:

I also consent to the use of any videotapes and/or photographs in which my child(ren) may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ Date: _____

Additional information: _____

2019/20

2019-2020 DATES AND TIMES FOR CLASSES.

ALL CLASSES ARE HELD IN THE RELIGIOUS EDUCATION CENTER, 100 BISHOP LANE, MANAHAWKIN, NJ, 08050

KINDERGARTEN: SUNDAY 10:15 AM TO 11:30 AM Only

GRADES 1-6: MONDAY - TUESDAY -WEDNESDAY - 4:30-5:45 PM

SUNDAY: 10:15 AM - 11:30 AM

STUDENTS WILL BE PLACED BY DAY AND TIME ON A FIRST COME FIRST SERVED BASIS, WHEN A DAY OR TIME IS FILLED STUDENTS WILL BE PLACED AS SPACE ALLOWS. THERE ARE NO EARLY PICK-UPS FOR STUDENTS. STUDENTS MUST ATTEND ENTIRE SESSION. STUDENTS CAN BE PICKED UP EARLY IN A FAMILY EMERGENCY ONLY.

GRADE 7: 1ST YEAR CONFIRMATION: MONDAY EVENINGS 6:30-8:00 PM

GRADE 8: 2ND YEAR CONFIRMATION: TUESDAY EVENING 6:30 TO 8:00 PM

HIGH SCHOOL I CONFIRMATION PROGRAM: MONDAY EVENING 6:30PM-8:00 PM

HIGH SCHOOL II CONFIRMATION PROGRAM: TUESDAY EVENING 6:30PM-8:00 PM

HOME STUDY: ONCE A MONTH ON A WEDNESDAY AS SCHEDULED 6:15-7:30 PM

FATIMA PROGRAM: (SPECIAL NEEDS CHILDREN) MONDAY 4:30-5:15 ALL GRADES (2-8)

RCIA/CUP: (Children who need Baptism or older children who need Penance & Eucharist) SUNDAY 10:15 -11:30 AM

9:00 AM MASS IS REQUIRED. STUDENTS MUST ATTEND MASS EACH WEEK NO EXCEPTIONS AND FILL OUT THEIR OFFERING CARDS EACH WEEK.

2019-2020 FAMILY TUITION - PLUS ANY SACRAMENT PREP FEE PER CHILD

ONE CHILD \$100.00

TWO CHILDREN \$125.00

THREE CHILDREN \$150.00

FOUR OR MORE CHILDREN 175.00

CATECHIST – CO-CATECHIST – AIDE – HALL/SUB NO FAMILY FEE. MUST PAY SACRAMENT PREP FEE PER CHILD

HALL MONITOR VOLUNTEERS: ONE CHILD \$0.00 - TWO CHILDREN \$25.00 – THREE \$50.00 FOUR OR MORE CHILDREN \$75.00 PLUS SACRAMENT PREPARATION FEES WHERE APPLICABLE.

SACRAMENT PREP FEES : FIRST COMMUNION PREP FEE \$35.00 PER CHILD CONFIRMATION PREP FEE \$50.00 PER CHILD

ST.MARY ACADEMY 2ND GRADE FEES: \$25.00 PER CHILD PLUS \$35.00 COMMUNION PREP FEE - TOTAL COST \$60.00 PER CHILD

ST. MARY ACADEMY 8TH GRADE STUDENTS - SAME AS REGULAR STUDENT PLUS \$50.00 CONFIRMATION PREP FEE PER CHILD

VOLUNTEER POSITIONS NO TUITION

All of these positions require that you go through a back-ground check and fingerprinting. There is no guarantee to be with your child's class, but you will be the same time and day. (Volunteer Form must be completed at time of registration)

_____ Catechist Grade _____ Day: _____ Time _____ (full Tuition Less Sacrament Fee)

_____ Co-Catechist Grade _____ Day: _____ Time _____ (Full Tuition Less Sacrament Fee)

_____ Aide Grade _____ Day: _____ Time _____ (Full Tuition less Sacrament Fee)

_____ Hall Sub (Must be available to sub) Day: _____ Time: _____ (Full Tuition less Sacrament Fee)

_____ Hall Monitor Volunteer (Partial \$100) Other _____

RELIGIOUS EDUCATION OFFICE ONLY 2019-2020 School Year

(Approved By: _____)

Family ID # _____ Family Last Name _____ Father _____ Mother _____
 Children or Child Last Name if Different than Family Name _____
 Family Tuition Fee: (One Child \$100.) (Two Children \$125.) (Three Children \$150.) (Four or More \$175.)..... \$ _____
 ST. MARY ACADEMY Tuition Fee: (Number of Children (2nd Grade) _____ X 25.00..... \$ _____
 Sacrament Fee----Communion Per Child (Number of Children _____ X 35.00..... \$ _____
 Sacrament Fee ----Confirmation Per Child (Number of Children _____ X 50.00..... \$ _____
 Book Fee (Lost _____ or Additional Book _____) @ \$25.00 each..... \$ _____
 Volunteer Discount \$(_____)
TOTAL AMOUNT DUE-..... \$ _____

****Attach Check or Cash Here*****
 Previous Balance for Year or Years (_____ Inv. # _____) \$ _____
TOTAL WITH PREVIOUS BALANCE \$ _____
 Date Paid _____ Amount Paid \$ _____ Other _____
 Check # _____ Cash _____ Inv. # _____ Dated Inv. Created _____ Statement Sent _____

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CUSTOMER RECEIPT (Tear at Perforated Line if Check or Cash is Attached: Give Customer Receipt)

Receipt:
 Family Name _____
 Date Paid _____ Check # _____ Cash _____ Amount _____ Inv. # _____