



**St. Gertrude Parish
Office of Religious Education**

28 School Street
Bayville, NY 11709
(516) 628-2432
faithformation@stgerts.org

REGISTRATION FORM: 2019- 2020

Family Information

Family Last Name: _____

Family Email: _____ Home Phone: _____

____ NEW TO THE PARISH

____ NEW TO THIS PROGRAM

If you are new to this program you must include a copy of your child's Baptismal Certificate.

Father's Name: First: _____ Last: _____

Mother's Name: First: _____ Last: _____

Address: _____ Town/City/Zip: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Emergency Contact (***OTHER THAN PARENT***)

Name: _____ Phone: _____

Student Information

1. First and Last Name: _____ Date of Birth: _____

Grade in Sept. ____ Name of School: _____

2. First and Last Name: _____ Date of Birth: _____

Grade in Sept. ____ Name of School: _____

3. First and Last Name: _____ Date of Birth: _____

Grade in Sept. ____ Name of School: _____

CLASS SCHEDULE

Please circle the day and time of your first choice.

Monday: Grade 1 & 2 – 3:45-4:45, Grade 6 – 5:15-6:15

Tuesday: Grade 4 – 3:45-4:45, Grade 6 – 5:15-6:15, Grades 7&8, 6:30 – 7:30

Wednesday: Grade 3 & 4 & 5 – 3:45-4:45, Grades 5 & 6 – 5:15-6:15, Grades 7 & 8 – 7-8pm

Thursday: Grade 3 – 3:45-4:45

My 2nd choice is _____

Do any of your children have any medical condition and/or allergy that we should know about? YES NO
If "yes", list condition/allergy here: _____ and submit a completed
Medical Information Form for your child.

Do any of your children receive any special services from his/her school/district YES NO

If Yes, which Child _____

Does he/she:

a. Have an **Individual Education Plan (IEP) or 504 Plan** ? _____

b. Receive any of the following services? (

_____ **Speech/Language** _____ **Integrated Co Teaching/Inclusion Class Special Class Ratio**

_____ **Resource Room** _____ **Hearing Services** _____ **Vision Services** _____ **Physical Therapy (PT)**

_____ **Occupational Therapy (OT)** _____ **Reading AIS, ESL**

My child has the following special need(s) that may impact classroom activities: _____

Are there accommodations or modifications that can facilitate learning: _____

Are there any special family situations that we need to be aware? YES NO

Photo/Video Permission and Release Form

I hereby grant permission, without reservation, to the *Saint Gertrude Religious Education Program*, and to those authorized by the Saint Gertrude Religious Education Program, to take photographs and make recordings of my children named below, and to use them in original or modified form in the parish bulletin, solely for the promotion, public education and/or informational purposed of the Saint Gertrude Religious Education Program.

I understand and agree that I am entitled to receive no compensation for the above.

I further agree that the Saint Gertrude Religious Education Program will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor/minors named below, and I hereby consent to the forgoing on behalf of the minor(s) and myself.

My Name (PLEASE PRINT): _____

My Signature: _____ Date: _____

Your signature indicates that you have read and understand the policies and procedures of our Religious Education Program. We are partners in the faith life of your child. Please contact me if you have any questions, concerns or suggestions.

Office Use Only

Date received: _____

Amount paid: _____

Check/Cash _____

Registration Fees

One child: \$200

Two children \$225

Three or more children \$250

***After September 1st there is a
\$25 late fee***

Fee for catechists with children \$100