

Date: _____
School Season: _____

Re-Registration for Holy Child Parish Religious Education

Please print all Information.

Family Name _____ Today's date _____

Address _____ City _____ Zip _____

Home Phone _____ EMail _____

Mother/Guardian Name: _____ Cell: _____

Email: _____ Business/Day Phone: _____

Mother's Maiden Name: _____ Mother's Religion

Father/Guardian Name: _____ Cell: _____

Email: _____ Business/Day Phone: _____

Father's Religion _____

Child(ren) live(s) with ___Both parents ___Mother ___Father ___Other: _____

Schedule: Sunday morning 9:30AM - 10:45AM

Name of Child	Public school	Grade entering in Sept.
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Does your child(ren) have any food allergies, medical concerns or educational needs? Providing this information will help us to meet your child's needs. It will be kept confidential.

Safe Environment Program

____ I give my permission for participation during this school year, in the Safe Environment Program, *Think First, Stay Safe* as mandated by the Diocese of Camden. This safety presentation is completed once a year during class time.

____ I do not give permission for participation in the Safe Environment Program.

Volunteers are vital to the Religious Education program:

I would be interested in volunteering as ____ Room Parent ____ Substitute teacher ____ Aide

(All adult volunteers that work with children are required by the diocese to complete a background check and Child Assault Prevention Training.)

Tuition

Parishioners and Non Parishioners presently in the program

One child - \$160 Two children -\$200 Three or more children -\$250

Non-Parishioner – NEW TO THE PROGRAM

One child - \$210 Two children - \$250 Three or more children - \$300

REGISTER BY JUNE 1 and DEDUCT \$30

AFTER SEPT 1 - \$50 LATE FEE

Make checks payable to Holy Child Parish. Full payment of tuition is due at the time of registration. No child will be denied religious education because of financial concerns. Arrangements can be made by contacting our pastor, Fr. Joseph Ganiel, prior to registration. A payment schedule may also be arranged when necessary. Financial information will be kept strictly confidential.

Questions?

Please contact the Religious Education office at 856-939-0592 or holychildfaithformation@gmail.com.

Parent Signature _____ (Please print) _____

OFFICE USE:

Date Received: _____

Sacramental Doc Received: _____

Payment: _____

Check/Cash: _____