

Our Lady of Mount Virgin Church
Pre-K-8 Religious Education Program Registration for 2017-2018
 Phone 973-772-2295 email- reled214@aol.com

(Please attach a copy of your child's Baptismal Certificate.)

CHILD TO BE ENROLLED

Childs Full Name: _____

Address: _____

Date of Birth: _____ School/CCD grade for 2017/2018 _____

Father's Information

Mother's Information

First Name:	First Name:
Surname:	Maiden Name:
Religion:	Religion:
Cell	Cell:
Occupation	Occupation:
Work	Work:
Email:	Email:

In Case of Emergency Contact:

Name:	Relation:	Phone:
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Please Circle Who The Student Lives With Both Parents Mother Father Guardian

Sacramental Record: Date Church City/State

Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Please add any notes that the catechist teaching your child needs to know (e.g. medications, allergies, special learning needs)

If your child is in 3rd grade or higher and **has not** received the Sacrament of Baptism, Reconciliation and First Eucharist, please indicate here by use of a check mark and let your child's teacher know. _____

Name of Parish where you are registered: _____

WAYS IN WHICH YOUR FAMILY CAN HELP: Everyone has a talent to share. Please prayerfully consider how you might help with the religious education of your children. What could you do during the year? ***(Please INITIAL one or more choices.)***

Classroom: Catechist _____ Substitute _____ Aide to Catechist _____
Hall Monitor _____ Hospitality: Bake/Buy Snack _____ Serve Refreshments _____
Host/Serve at Parish Events _____

Class Parent: _____ Grade(s) preferred _____
(Your Name)

Registration Fee:

Grades Pre-K-8: \$75.00 Per child. A \$25.00 deposit is required with the return of this form. Balance is due by September 1st.

Tuition for children receiving First Eucharist or Confirmation is an additional \$30.00 for the cost of an additional sacramental prep book.

Photo Disclaimer: My signature gives permission for my son/daughter to be photographed realizing that the photo may be published in a newsletter or bulletin boards or other publications FOR THE CHURCH OR DIOCESE USE ONLY.

Signature: _____

Initial here if you do **not** wish to give permission for your son/daughter to be photographed.

I will to the best of my ability, ensure that _____
(Child's Name)

will attend 11:30 AM Sunday Mass on a weekly basis.

Signature of Parent or Guardian: _____

Please do not write below this line. **Office Use Only**

Reg. Date: _____ Tuition due: \$ _____ Tuition paid: \$ _____ Date Received _____

Check # _____ Cash _____ Balance Due _____