

Saint Bartholomew Church

Religious Education Registration

Registration Deadline is June 30, 2008
All forms received after June 30 must be accompanied with a \$20 late fee

Office Use
 Date Rec. _____
 Payment _____
 Class _____
 Session _____

Student Name _____ M/F
 Address _____ M.I _____
 _____ Town _____ Zip Code _____
 Home Phone _____ Date of Birth _____
 Name of Public School _____ Grade in September 2008 _____ Religious Education Grade _____

Special Health Concerns

Glasses _____ Contact lenses _____ Hearing Aide _____ Dental Appliances _____ Asthma _____ Diabetes _____ Epilepsy _____ Heart/Lung Disease _____
 Other _____ Allergies _____ EPI Pen? _____

Parents, please note: If your child needs medication, you need to send it with them every week to class.
 Please alert your child's catechist of your child's needs and where the medication will be kept.

Special Learning Needs

Poor reading ability _____ Poor writing ability _____ Receives in class support _____ ADD/ADHD _____ Resource Room instruction _____ hours /day _____
 Parents, please note that when you do not tell us about a child's disability, the child will be expected to behave and progress on grade level. Please us a separate sheet to tell us of anything you feel we should know about your child's needs and how to best work with them in class. This information will be kept confidential.

Choice of Session

Please indicate 1st, 2nd, 3rd choice

Session I Tuesday 4:30 _____ Session II Tuesday 6:30 _____ Session III Thursday 4:30 _____

Family Information

Families seeking to register their children for religious education must be registered parishioners of St. Bartholomew Church.

Registered Parishioners? _____ Family name _____ Religion _____ Parish envelope # _____
 Father's Name _____ Work Phone # _____ Cell # _____
 Occupation _____ Marital Status: Married _____ Separated _____ Divorced _____ Remarried _____ Widowed _____ Single _____
 Mother's Name _____ Religion _____
 Occupation _____ Maiden Work Phone# _____ Cell # _____
 Marital Status: Married _____ Separated _____ Divorced _____ Remarried _____ Widowed _____ Single _____
 Child Resides with _____ Relationship to Child _____

Family Name _____
Email Address _____

Siblings/Grade in Program _____

Child Carpools with _____

The religious Education office does not arrange carpools. Every effort will be made to accommodate families if their forms are submitted together.

Emergency Contact

In the event that a parent can not be reached please call,

Name _____ Relationship to Child _____ Phone # _____
Name _____ Relationship to Child _____ Phone # _____

In the event of an emergency our choice of Hospital is: St. Peter's _____ Robert Wood Johnson _____ Raritan Bay _____

I authorize St. Bartholomew to transport my child to the hospital in the event of an emergency.

Signature of Parent or Guardian _____ Phone Number _____

New Registration

Children who have not been baptized at St. Bartholomew church must attach a copy of their baptismal certificate to this application.

Baptism: Church _____ City _____ Date _____
First Penance: Church _____ City _____ Date _____
First Eucharist: Church _____ City _____ Date _____

Time and Talent

Our Religious education program can only be successful with your help.
Volunteers are needed in all areas to promote safety and spirituality for our children.
Please consider helping. Indicate below how you can help.

____ Catechist Grade Level preferred: _____
____ Substitute Catechist Grade Level Preferred: _____
____ Classroom Aide Grade Level Preferred: _____
____ Substitute Aide Grade Level Preferred: _____
____ Hall Monitor

____ Parking Lot Safety---Traffic Cone Assistant

Help put cones away after session II and II, after the children are picked up.