

**St. Columba's Religious Education Program**  
**29 High Street, Chester, NY 10918 845-469-9503**  
**Registration Form 2014/2015**

|  |   |
|--|---|
| <p><b>Parish Pay #</b> _____</p> <p><b>Early Bird Special 3/2-5/18</b></p> <p><b>1 child \$50 ~ 2 children \$90 ~ 3 or more \$120</b></p> <p><b>After 5/18</b></p> <p><b>1 child \$65 ~ 2 children \$105 ~ 3 or more \$135</b></p> | <p style="color: red;"><b>Without Parish Pay</b></p> <p><b>1 child \$110 ~ 2 children \$150 ~ 3 or more \$ 180</b></p> <p><b>1 child \$135 ~ 2 children \$175 ~ 3 or more \$205</b></p> |
|--|---|

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Name of school attending:** \_\_\_\_\_

**School Grade this September:** \_\_\_\_\_ **Religion Grade Level:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Street) (Town) (Zip)

**Email address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Living With - Please check appropriate line.**

\_\_\_\_\_ **Both Parents** \_\_\_\_\_ **Mother only** \_\_\_\_\_ **Father only** \_\_\_\_\_ **Mother/Stepfather** \_\_\_\_\_ **Father/Stepmother**

**Check Only if applicable:**

\_\_\_\_\_ **Custody Papers** \_\_\_\_\_ **Guardianship papers** \_\_\_\_\_ **Restraining Order**

**Special Medical Condition/Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Procedure to be followed in an emergency:** \_\_\_\_\_

**Learning Disability (Remains Confidential):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

In case of accident or illness, I request that a representative of the Parish Catechetical Program contact me. I understand that in the event of an emergency where the parent/guardian or emergency contact cannot be reached, members of the staff of St. Columba's have the authority to take my child/children from the building to seek medical assistance. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Photo Release: The St. Columba Religious Education Program has my permission to release pictures of my child for use in the newspaper, the Parish bulletin or display within the buildings of St. Columba.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section for Children NEW to the program**

Grade child is registering for: \_\_\_\_\_

Has received First Penance and/or First Communion? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Baptism church Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*You must include a copy of the Baptismal Certificate.**

First Communion Church Name & Address: \_\_\_\_\_

First Penance Church Name & Address: \_\_\_\_\_

Name & Address of previous Religious Education of Child:

Religious Ed. Program: \_\_\_\_\_ Catholic School Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Applications for new students cannot be processed until records are received from previous program.**

For Rel. Ed. Office Only: Date Paid: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Balance Due: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_

Sacramental Fee for First Penance & First Communion \$25.00 Paid: \_\_\_\_\_

Sacramental Fee for Confirmation \$50.00 Paid: \_\_\_\_\_