

**Religious Education Program  
New Enrollment  
2023-2024**

Student Name: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current School: \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Child Lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

For other – Name & relationship \_\_\_\_\_

\_\_\_\_\_

<b><u>Sacrament</u></b>	<b>Date</b>	<b>Church</b>	<b>Address</b>	<b>Seen by</b>
Baptism				
1st Communion				
1st Penance				
Confirmation				

\*\*New registrants must submit proof of Sacraments.

Allergies or other important medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is expected that children attend Religious Ed from 10-11:15 AM at the St. Francis Xavier Church Hall in Narrowsburg, NY.. Children must attend all classes, unless they have a valid excuse. During inclement weather, classes may be cancelled and students will be notified. .

**NOTE:**

**An important part of Religious Education is mass attendance. Students will be required to produce a bulletin signed or initialed by a priest to demonstrate they attended mass the week prior. For those students who are scheduled to receive sacraments, mass attendance will be a consideration for their eligibility.**

The cost of the program is as follows:

1 child - \$30.            More than 1 child - \$50

Payments are due at Registration in the church hall

Make checks out to: **St. Francis Xavier**

Please return this form and payment in person at registration in the St. Francis Xavier Church Hall.

**STATEMENTS:**

A.) Please enroll my child in the St. Francis Xavier Religious Education Program for 2023-24 school year. I agree to all policies as outlined above.

B.) I acknowledge receipt of informational material regarding our Safe Environment Program (available online and at registration)

C.) I give my permission to have my child photographed during any church event.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**IN CASE OF EMERGENCY- PERSON TO CONTACT IF PARENT/GUARDIAN  
CANNOT BE REACHED:**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**DOCTOR IN CASE OF EMERGENCY:**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

In case of accident or illness, I request that the representative of the Parish catechetical Program contact me. If I am unable to be reached, I hereby authorize this representative to call the Physician indicated and to follow the Physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and /or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

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

Date \_\_\_\_\_

