

**HOLY ROSARY RELIGIOUS EDUCATION MINISTRY**

180 BRADHURST AVENUE  
HAWTHORNE, NEW YORK 10532  
914-769-0030 Ext. 123  
e-mail: [hrreligioused@live.com](mailto:hrreligioused@live.com)

**REGISTRATION 2018-2019**

**Registered Parishioners of Holy Rosary Parish:**

Tuition Rates:        \$295 (1Child)        \$365 (2 Children)        \$385 (3 or more)

Sacramental Expense Fee:        Grade 2 - \$50        Grade 8 - \$75

**Non-Registered Families:**

Out-of-Parish Fee:    \$440 (1Child)        \$610 (2 Children)        \$680 (3 or more)

**Holy Rosary Church - Envelope No.:** \_\_\_\_\_

Families in the Religion Program must be a registered parishioner of the parish at the time of registration.

**Registrations will be accepted through - May 31, 2018\***

**Registrations submitted after May 31<sup>st</sup> - additional \$40.00 late fee to be included with tuition (late fee does not apply to NEW families)**

**For office use only:**

Payment Date: Mo.\_\_\_\_\_/Day\_\_\_\_\_/Yr.\_\_\_\_\_.    Check #\_\_\_\_\_.    Cash \_\_\_\_\_

**Please Print Clearly:**

Family Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **E-mail address:** \_\_\_\_\_  
(Please print clearly)

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

**Marital Status of Parent(s) living with child(ren) - circle one:**

Married        Widowed        Separated        Divorced        Single

Mother's Name: \_\_\_\_\_  
(First plus **maiden** name)        Occupation        Work Number        Religion

Father's Name: \_\_\_\_\_  
Occupation        Work Number        Religion

Church you Attend: \_\_\_\_\_

**List all children who will be in our program September 2018. Day choices-Wednesday ("W") or Thursday ("T"). Wednesday Evening session must indicate grade (7 or 8) and code "WE". Please check Class Schedule on the back of this form.**

1.	_____	_____	_____	_____	_____
	Name	Date of Birth	School Attending & Grade in September 2018	Choice 1	2
2.	_____	_____	_____	_____	_____
	Name	Date of Birth	School Attending & Grade in September 2018	Choice 1	2
3.	_____	_____	_____	_____	_____
	Name	Date of Birth	School Attending & Grade in September 2018	Choice 1	2
4.	_____	_____	_____	_____	_____
	Name	Date of Birth	School Attending & Grade in September 2018	Choice 1	2

**\*Please note\***

If your first choice is unavailable, your child will be assigned to your second choice. In order for this registration form to be accepted, you must indicate a first and second choice please. You will be notified only if both choices are not available.

**Over ->**

**ALL NEW AND FIRST GRADE CHILDREN MUST SUBMIT A COPY OF THEIR BAPTISMAL CERTIFICATE FOR OUR OFFICE FILES (please attach to this form).**

Church of Baptism: \_\_\_\_\_ Baptismal Date: \_\_\_\_\_

**SPECIAL CONCERNS INFORMATION:** PLEASE COMPLETE THIS SECTION IF THERE IS ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD(REN) - **very important!**

_____Allergies (to food, medicine, insects, etc.)	_____Personal situation affecting child
_____Medical condition/handicap	_____Situation that may affect class participation
_____Difficulty reading/writing, etc.	_____Situation that may affect Mass attendance
_____Special Needs	

Child's Name: \_\_\_\_\_ Details: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Details: \_\_\_\_\_

**\*\* PLEASE NOTE: No medication of any kind should be administered to, or taken by, a student during the Parish Catechetical Program. Exceptions must be made in writing to the Director. No one on staff can accept responsibility for administering EPI-PEN \*\***

**CLASS SCHEDULE 2018-2019**

(CLASSES ARE BASED ON CATECHIST AVAILABILITY)

**WEDNESDAY AFTERNOON 4:30 - 6:00pm Grades 1 thru 8**

**WEDNESDAY EVENING (code "WE") 6:45 - 8:15pm Grades 7 & 8 only**

**THURSDAY AFTERNOON 4:30 - 6:00pm Grades 1 thru 8**

**EMERGENCY CONTACTS - IF PARENT /GUARDIAN CANNOT BE REACHED**

*(In case of non-emergency illness which requires child to be picked up.)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IN CASE OF ACCIDENT/ILLNESS REQUIRING IMMEDIATE MEDICAL ATTENTION:**

If I am unable to be reached, I hereby authorize the representative of the Parish Catechetical Program to call the physician indicated below and to follow the physician's instructions. If it is impossible to contact this physician, the representative may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**VOLUNTEERS NEEDED FOR THE FOLLOWING CATEGORIES:**

CATECHIST\* \_\_\_\_\_ SUBSTITUTE CATECHIST\* \_\_\_\_\_ HALL MONITOR \_\_\_\_\_

**WHICH DAY?** WED. AFTERNOON \_\_\_\_\_ WED. EVENING \_\_\_\_\_ THU. AFTERNOON \_\_\_\_\_

**\*Please Note:**

*All Catechists must be practicing Catholics, who have received the Sacraments of Initiation (Baptism, Eucharist & Confirmation) and living the traditions of the Church and its teachings. You will be required by the Archdiocese of New York to submit to a background check and view the "Safer Spaces" video. If you are interested, please contact the Religious Education office for details. Thank you!*