



2023-2024 RELIGIOUS EDUCATION REGISTRATION

St. John Bosco Religious Education - 16 Washington Street Port Chester, NY 10573

REGISTRATION FORM MUST BE SUBMITTED WITH PAYMENT TO COMPLETE REGISTRATION

Child Registration Record (Page 1)

Child Nm: _____ Date of Birth: _____
Address: _____ Home Phone: _____
_____ Reled Level _____
Child School Year Sept 2023: _____ School: _____
Communion year (please circle) 1, 2, 3

Religious Ed Sessions (choice depends on date received)

(Grades 1,2,3,4,5,6) Afternoons on Monday, Tuesday, Wednesday, Thursday, or Friday 3:30pm to 4:45pm; 5:00pm – 6:15pm
(Conf 1) Monday, Wednesday, Thursday 6:30pm-8:00pm & Tues 5:00pm to 6:15pm (Conf 2) Monday, Wednesday, Thursday 6:30pm-8:00pm

Name & Grade of your other children in the program: _____

REGISTRATION FEES

**** Registration, Sacramental Fees and Copy of Baptism Certificate must accompany registration ****

Registration fees and deposits are non-refundable.

Registration Fee by July 31, 2023: \$100-1st child, 2 children -\$175, 3 children -\$225 (\$20 late fee starting August 7, 2023)

Additional Sacramental Fees: \$100 Confirmation, \$50 Reconciliation, \$50 First Holy Communion

Make Payment with Cash or Checks made payable to: *Saint John Bosco Parish*

Mother's Information	Father's Information
First & Last Name: _____	First Name: _____
Maiden Name: _____	Last Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Religion: _____	Religion: _____

SACRAMENTAL INFORMATION:

A hardcopy of every child's Baptismal Certificate MUST be on file in the Religious Education Office.

ALL NEW STUDENTS MUST PROVIDE: Baptism and Eucharist Certificates AND Copy of Prior Religious Education (if applicable)

Baptism (copy of certificate required with NEW registration)

Church: _____
Address: _____
Date: _____

My child needs to be Baptized

My child attended Religious Education elsewhere last yr

Church Name: _____
Address: _____
Phone: _____

Communion (copy of sacrament received in another parish)

Church: _____
Address: _____
Date: _____

For office use only

Registration Fee _____ Sacramental Fee _____

Total _____

Paid by: Ck# _____ Ck Amount _____ Cash _____

Credit card payment _____ Date Rec'd _____

Medical, Emergency and Pick Up authorization _____

☐ PAID IN FULL



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Education, Medical & Emergency Record (Page 2)

Child Nm: _____

Mail should be addressed to: ___ Mother & Father ___ Just Mother ___ Just Father

Text and Voice Communication: (please check one) ___ English ___ Spanish ___ Either.

May we have permission to photograph your child? ___ Yes. ___ No

Child resides with: ___ Mother & Father ___ Mother ___ Father ___ Other – Specify _____

Is there an order to limit access to the non-custodial parent? Yes ___ No ___ If yes, please provide name.
of non-custodial parent: _____

Who may pick up child/ren at the end of the PREP Session? Child will NOT be dismissed to anyone whose name is NOT on this list. If you need to add someone, a note is required.

Name _____ Phone No. _____ Name _____ Phone No. _____

My child has	IEP _____ 504 Plan _____ ADD _____ ADHD _____ LD _____
Please provide documentation so we may best instruct your child	

Doctor for Emergency	_____
Doctor's Phone Numbers	_____ _____

In Case of Emergency: *Person to contact if Parent/Legal Guardian cannot be reached. (Give your emergency contact specific time of child's ReEd Session)*

Emergency Contact's Name	_____
Relationship to Child	_____
Home & Work Phone	_____
Cell Phone	_____

My child has	_____ Food Allergies _____ Asthma _____ Diabetes _____ Other _____
Please Explain Further:	List Allergies & course of action:
Medications?	Whenever emergency medication is administered, "911" will be called without exception.

Procedure to be followed if this condition becomes an emergency: I understand that in case if an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or his/her designate. 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 office may make whatever arrangements deemed 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: _____