2025-2026 ST. JOSEPH'S RELIGIOUS EDUCATION
NEW STUDENT APPLICATION

New Family Information Record

Last Name: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Primary email _____ Optional Secondary email _____

Additional Emergency Contact Name: _____ Cell: _____

Child(ren) lives with: _____

School District child(ren) attend: _____

Custodial Documents Y/N _____ (If **YES**, please provide as appropriate & necessary)

Are you registered Parishioners of St. Joseph's Parish? Yes / No

If No, <u>family must also register with the Parish</u>. (see Parish Census Form under Religious Ed tab on Parish website. Please complete the Parish Census document and return to our office with completed registration forms and payment.

New Student Information

Student Name	Date of Birth	Grade 9/25	Sacraments Received
			☐ Baptism ☐ First Communion
			☐ Baptism ☐ First Communion
			☐ Baptism ☐ First Communion
			☐ Baptism ☐ First Communion

Sacramental/Previous Religious Education Information

For each of your child, (as appropriate) you must supply:

1) Copy of Baptismal Certificate (if applicable) ☐ Enclosed

2) Copy of First Communion Certificate (if applicable) ☐ Enclosed

3) Records of previous Religious Education from former parish (if applicable) ☐ Enclosed

Enrollment Information

Student enrollment is on a first-come, first-served basis. For each child, please indicate your 1st and 2nd choice.

****In order to accommodate your child's learning & medical needs, please check below and provide documentation (IEP, 504, allergies, or other medical needs)****

Student Name:	Grade (9/2025)	Day/Time 1st Choice	Day/Time 2nd Choice	Learning Needs**	Medical Needs**
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐

Weekly In Person Program Options

	Days & Times		
Grades 1-7	**Sunday** 10:15 – 11:30 AM	**Monday** 4:30 – 5:50 PM	**Tuesday** 4:30 – 5:50 PM
Confirmation Grade 8	**Wednesday** 5:00 – 6:15 PM	**Wednesday** 6:45 – 8:00 PM	

Home Family Program

	MANDATORY Day & Times (meets 5 Saturdays @ the church)
Grades 3-6 ONLY	Saturday 9 – 11 AM October 25, December 6, February 7, March 21, April 18

■Limited Availability based on Pastor approval ■ Must complete & sign Home Family Program Agreement■

Fees

TUITION FEES

☐ 1 Child $300
☐ 2 Children $400
☐ 3 Children $450
☐ 4+ Children $525

SACRAMENTAL FEES

Fees are per child/sacrament.

☐ Communion - 2nd Gr or Sac 2 only
____ @ $75 = _____

☐ Confirmation – 8th Gr only
____ @ $75 = _____

TOTAL FEES

Tuition $_____
Sacramental $_____
Donation $_____
(For family in need)
Total Enclosed $_____

■ We accept Cash & Checks payable to: **St. Joseph's Church** ■

Mail or drop off forms & payment to:

St. Joseph's Church, 95 Plum Brook Rd, Somers, NY 10589 – Attn: Religious Education

Drop off during business hours only. DO NOT leave in mailbox or donation boxes in church

■ Tuition payments must be made in full ■

■ No refunds ■

■ Donations welcome ■

2025-2026 ST. JOSEPH'S RELIGIOUS EDUCATION
Parent Agreement for Students Enrolling in Weekly Classes

"Parents have the first responsibility for the education of their children." Catholic Catechism (2223)
We strive to provide a safe and prayerful environment for your child's faith formation.

*****Check off acknowledgement of each item, sign below - KEEP A COPY FOR YOUR RECORDS.*****

_____ The role of St. Joseph's Religious Education is to **assist** rather than replace my parental responsibility to nurture the faith of my child.

_____ In order to follow the 3rd Commandment, Keep Holy the Sabbath Day, it is an obligation of **ALL** Catholics to attend mass weekly. **OUR FAMILY WILL ATTEND MASS EACH SUNDAY. Students in sacramental preparation years (Grades 1 & 2, 7 & 8) will turn in weekly mass attendance slips to one of the priests at weekly mass. (DO NOT PUT THEM IN THE COLLECTION BOXES.) If attending mass at another parish, we will hand in a bulletin signed by the priest at the next class. Slips will be handed in BEGINNING SEPTEMBER 13/14 AND ENDING MAY 16/17.**

_____ I will engage my child in daily prayer by practicing prayers appropriate to their age and completing the Prayer Assessment given out at book pickup. **Assessments are due in class the week of 9/28.**

_____ I will ensure my child will be respectful of the sanctity of the church, the classroom setting, the property of Kennedy Catholic Prep, their classmates, and all adults in the program.

_____ My child will complete **All Chapter Activities and Reviews missed when absent.**

_____ I will make sure my child attends and is **ON TIME** for his/her weekly class by entering the cafeteria **10 MINUTES BEFORE THE CLASS BEGINS**. Anyone arriving at the classroom 5 minutes after the class starts will be marked late. **3 lates = 1 absence**

_____ **I will email or call the Religious Ed Office before 3:30 when my child will be absent, stating the reason for the absence. Each child is allowed a maximum of 4 absences. After the 4th absence, all missed sessions must be made up before registering for the following year.**

_____ I understand no gum, food, or drinks other than water are permitted at Kennedy or in church.

_____ I understand that hats and hoods should be removed when entering Kennedy or the church.

_____ No cell phone use is permitted at Kennedy. Please keep phones at home when possible. Students in grades 6-8 will have their phones collected in the classroom and given back at the dismissal door.

By signing below, I acknowledge that I have read the requirements as outlined above and will support my child/children in this program. Any student who disrupts a class with inappropriate words or actions will be asked to leave immediately and go to the Director of Religious Education who will contact the parent. The Director and parents will agree on the time when the student is admitted back to class. Repeated offenses will result in permanent dismissal from the program.

_____ _____
Student's Printed Name **Student's Printed Name**

_____ _____
Student's Printed Name **Student's Printed Name**

_____ _____
PARENT'S PRINTED NAME **PARENT'S SIGNATURE**

_____
Date

2025-2026 ST. JOSEPH'S RELIGIOUS EDUCATION
HOME FAMILY PROGRAM
Parent Agreement
(for those registering for Home Program only)

*******Please read & check off acknowledgement of each item and sign below.*******

_____ In order to follow the 3rd Commandment, Keep Holy the Sabbath Day, it is an obligation of **ALL** Catholics to attend mass weekly. **OUR FAMILY WILL ATTEND MASS EACH SUNDAY. <u>BEGINNING SEPTEMBER 13/14 AND ENDING MAY 16/17</u>, we will turn in weekly mass attendance slips to one of the priests at mass. (Do not put them in the collection boxes.) If attending mass at another parish, we will hand in a bulletin signed by the priest at the next Saturday session.**

_____ I will engage my child in daily prayer by practicing prayers appropriate to their age and completing the Prayer Assessment given out at book pickup. **Assessments are due at the October 25 session.**

_____ We understand that we (child and at least 1 adult) must attend **ALL** Home Program sessions on the following Saturday mornings from 9:00a-11:00a in the Parish Center/Church:

October 25, 2025	**February 7, 2026**
December 6, 2025	**March 21, 2026**
	April 18, 2026

_____ We understand that vacations, sports schedules, or other non-emergencies will not be accepted as suitable excuses for non-attendance. We further understand that if we miss a session, we are expected to email Pam (**pcrozier8@gmail.com**) stating the reason for the absence. **All missed sessions must be made up before registering for the following year.**

_____ We understand that all Chapter Reviews must be completed with a passing grade of 65% or higher and turned in at the assigned Home Program session.

Please note that if any of these obligations are not met and fulfilled, the Pastor will not permit your child to move into the next grade of Religious Education.

By signing below, I acknowledge that I have read the requirements above and will support my child(ren) in this Program.

Child(ren)'s Name(s)_____

Parent Name_____

Parent Signature_____

Date_____

Approval of Pastor_____ Date_____

Rev. Father John M. Lagiovane, Pastor