

St. Mary Religious Education Program New Family Registration

440 Round Hill Rd. - Roslyn Heights, NY 11577
(516) 621-6798

Please mail your registration, payment and documentation to address above.

TUITION & FEES INFORMATION

Please make checks payable to: St. Mary's Church

Tuition: \$100.00 each child; \$275.00 three or more.

plus Sacrament fees if your child is preparing for:

First Eucharist (grade 2): \$80.00;

Confirmation (grade 8) \$125.00.

Please make checks payable to: St. Mary's Church

Electronic payment @www.faithdirect.net

FAMILY INFORMATION:

▶ Family Mailing Name* _____

**Please include salutation preferred for mailings (Mr., Mrs., Ms., Dr., Mr. & Mrs., Dr. & Dr., etc.)*

▶ Email address: _____

▶ Home Address: _____
street address town zip code

▶ Home Telephone Number: _____

▶ Father's Name (first and last): _____ Religion: _____

▶ Work Telephone Number: _____ cell phone: _____

▶ Mother's Name (first and last): _____ Religion: _____

▶ Mother's Maiden name: _____ *(required to record child's sacraments)*

▶ Work Telephone Number: _____ cell phone: _____

▶ Marital status of mother and father: _____ *(Married, Separated, Divorced, Single)*

▶ Emergency contact when parent cannot be reached *(please choose someone who lives close by):*

_____ phone: _____ relationship: _____

CHILD INFORMATION: *(please complete for each new child entering program this year – use additional sheet if necessary)*

▶ Child's Last Name: _____ First: _____ M.I. _____

Please select: [] Male [] Female Child's date of Birth: _____

Public School Attended: _____ Grade as of Sept 2018 _____

Date of Baptism: _____ Church *(including address):* _____

Date of First Reconciliation: _____ Date of First Eucharist: _____ Church: _____

Please specify child's learning disabilities, physical handicaps, allergies, etc: This information is considered confidential and is needed to help serve your child in the best way possible. _____

▶ Child's Last Name: _____ First: _____ M.I. _____

Please select: [] Male [] Female Child's date of Birth: _____

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Date of Baptism: _____ Church *(including address):* _____

Date of First Reconciliation: _____ Date of First Eucharist: _____ Church: _____

Please specify child's learning disabilities, physical handicaps, allergies, etc: This information is considered confidential and is needed to help serve your child in the best way possible. _____

Parent Signature: _____ **Date:** _____

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Please select: [] Male [] Female Child's date of Birth: _____
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Parent Signature: _____ **Date:** _____