

# St. Mary Religious Education Program New Family Registration

440 Round Hill Rd. - Roslyn Heights, NY 11577  
(516) 621-6798      stmarysreled440@gmail.com

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 one child; \$275.00 three or more.

*plus 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**

**Parish Code NY559**

## FAMILY INFORMATION:

Please furnish a copy of your child's **Baptismal Certificate** even if Baptized at St. Mary's Church.

▶ 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 2017 \_\_\_\_\_

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: \_\_\_\_\_

Public School Attended: \_\_\_\_\_ Grade as of Sept 2017 \_\_\_\_\_

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