

Registration 2019-2020

Registration Date:

Month /Day/ Year

Holy Name of Jesus- St. Gregory the Great Parish

Franciscan Friars

Religious Education

Student Last Name: _____

First Name: _____

Middle Name: _____

Grade entering in Religious Education: _____

Sacrament(s) will receive in 2020: _____

Date/month/year of birth: _____ **Age:** _____

Origin Country: _____

Language speaking the child: _____

Sex (Circle one): Male Female

School Name and Grade where student is attending classes is during 2019-2020: _____

Was your child enrolled in Holy Name's Religious Education Program during last year 2018-2019?

(Circle one) **Yes** or **No**

PLEASE INDICATE THE GRADES YOUR CHILD WAS ENRROLED AND COMPLETED THE RELIGIOUS EDUCATION PROGRAM AT HOLY NAME:

- _____ PK
- _____ K
- _____ 1st
- _____ 2nd
- _____ 3rd Pre- Communion
- _____ 3rd Communion
- _____ 4th
- _____ 5th
- _____ 6th
- _____ 7th,
- _____ 8th (First year of Confirmation)
- _____ Special Education – Sacramental Preparation

If no, **has your child attended another Religious Education Program?** (Circle one) **Yes** or **No**

And if **yes**, please provide the Parish Name, the dates of attendance and the Grade your child completed.

* Parish Name:

* Parish Address:

* Grade(s) attended:

From: _____ **To:** _____
Date/month/year Date/month/ year

<p>Child is living with: (please circle one) a. With both parents b. With mother only c. With father only d. With guardian d. Child is living in 2 homes because share custody.</p>	<p style="text-align: center;"><u>Mother</u></p> <p>Religion:</p> <p>Country of Origin:</p> <p>Age:</p> <p>Language(s) spoken:</p> <p>Profession and Job:</p>	<p style="text-align: center;"><u>Father</u></p> <p>Religion:</p> <p>Country of Origin:</p> <p>Age:</p> <p>Language(s) spoken:</p> <p>Profession and Job:</p>
<p><u>Mother Name/ Last Name:</u></p>		
<p><u>Father Name/ Last Name:</u></p>	<p>Indicate the Name(s) of the Person(s) who will drop off and pick up your child(s) for classes and other activities of Religious Education since September 2019 until May 2020 at HNJ-SGG:</p> <p>Name/Last Name:</p> <p>e-mail:</p> <p>Tel. #</p> <p>Relationship:</p> <p>Name/Last Name:</p> <p>e-mail:</p> <p>Tel. #</p> <p>Relationship:</p>	
<p><u>Mailing Address</u> Street: Apt. # City : State: Zip Code:</p>		
<p><u>Telephones #</u> Mother: Father:</p>		
<p><u>e-mails:</u> Mother: Father:</p>		
<p><u>Emergency Contact Information</u> Name/Last Name: e-mail: Tel. # Relationship: a.Doctor b.Friend c.Neighbor d.Relative(describe)_____</p>	<p style="text-align: center;">My child is permitted to leave on his/her own (Circle one): YES or NO</p>	
<p><u>Guardian</u> (only if the child is living with the guardian fill the next information) Name/Last Name: e-mail: Tel. #</p>		

Include information of the
Sacrament(s) that your child has RECEIVED

Sacrament of Baptism

Date(month/day/year):

Place:

Church:

Sacrament of First Reconciliation

Date(month/day/year):

Place:

Church:

Sacrament of First Holy Communion

Date: (month/day/year):

Place:

Church:

**OTHERS SIBLINGS REGISTERED IN RELIGIOUS EDUCATION PROGRAM
for the year 2019-2020**

#	Last Name	First and Middle name	Grade Rel. Ed. Entering	Sacrament will receive in 2020	Age	Sex	
						M	F
1							
2							
3							
4							
5							

Important note:

IN THE EVENT OF AN EMERGENCY,
PLEASE CONTACT THE EMERGENCY
CONTACT NAMED. IF THE EMERGENCY
CONTACT LISTED CANNOT BE
REACHED, YOUR SIGNATURE GIVES
PERMISSION FOR AN ADULT IN THE
RELIGIOUS EDUCATION PROGRAM TO
SEE THAT MEDICAL SERVICES ARE
PROVIDED FOR YOUR CHILD.

You must provide the documents requested and
payments must be receive at the time of registration
every year :

1. Complete clearly the Registration form with ALL information
2. Copy of the Birth Certificate
3. Copy of Baptismal Certificate
4. Copy of Communion Certificate
5. Registration payment fee
6. Sacrament payment fee

Please fill **ONE**
registration
form **per each**
child. Thanks!

PRINT FULL NAME OF PARENT/GUARDIAN:

SIGNATURE PARENT/GUARDIAN:

Date/month/year: _____

This page is only for use for Religious Education Office

Holy Name of Jesus – St. Gregory the Great Parish Franciscan Friars Religious Education Program 2019-2020	
Registration Fee	
1 st . child	\$ 120
2 nd . sibling	\$ 95
3 rd . sibling	\$ 60
4 th . sibling	\$ 60
5 th . sibling	\$ 60
Sacramental Fees	
<u>Baptism</u> For 1 child or for more siblings will be only \$100 for all.	\$ 100
<u>First Communion</u> Must be paid at the beginning of the 2 nd year of preparation “when the sacrament is to be receive”	\$ 70
<u>Confirmation</u> Must be paid at the beginning of the 2 nd year preparation “when the sacrament is to be receive”	\$ 70
Payments must be paid at the time of Registration	

All are Welcome!

Dear Parents:

I am happy to inform each of you that Classes begin for Religious Education for the period 2019-2020,

Date: On Sunday September 8th, 2019

Program: **Sunday School**

Grades: PK / K, 1st, 2nd, 3rd Pre- Communion, 3rd Communion, 4th, 5th, 6th, 7th, 8th (First year of Confirmation).

Those that will receive Baptism and/or First Holy Communion and those that will require Special Education - Sacramental Preparation.

Time: 10:00 a.m.

Place: Cafeteria of the School

Note: Parents *must* be present for the Overview Program.

Date: On Tuesday September 24th, 2019

Program: **Confirmation**

Grades: Second year of Confirmation

Time: Time: 6:30 p.m.

Place: Place: Entrance’s Room of the School

Note: Parents and students *must* be present for the Overview Program.

Thanks and God bless your families!

Veronica Soto,
Director Faith Formation

For any question please contact: Veronica Soto 212- 749-0276 ext 116 veronicasp2001@hotmail.com
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