



SAINT JOHN BOSCO PARISH RELIGIOUS EDUCATION PROGRAM: SJB PREP

16 Washington Street Port Chester, NY 10573

Telephone: 914-881-1404

2020-2021 Child Registration Record (Page 1)

Child Nm: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Reled Level _____

Child 2020-21 School Year: _____

School: _____

Communion year (please circle) 1, 2, 3

Day and Time for Religious Education SESSIONS: (please circle one)

Grades 1-6: Monday, Tuesday, Wednesday, Thursday 3:30-4:30pm & 5:30-6:30pm or Saturday 9:30am-10:30am

Grades 6, 7, 8: Monday, Thursday 6:30pm-7:30pm or Saturday 9:30am-10:30am

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

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

Registration fees and deposits are non-refundable

Registration Fee: \$100-1st child, 2 children -\$175, 3 children -\$225 (\$25 late fee after 8/13/20)

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

Checks made payable to: *Saint John Bosco Parish*

Or make the payment with credit card from our pariah website. Also please initial here _____

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

SACRAMENTAL INFORMATION:

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: _____

<i>For office use only</i>
Day / time of session: _____
Medical, Emergency and Pick Up authorization _____
Payment date received ____ Ch # ____ Cash ____
Credit card payment from the parish website _____



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Education, Medical & Emergency Record (Page 2)

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 _____
	<i>Please provide documentation so we may best instruct your child</i>

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 RelEd 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 Signature: _____ Date: _____