

# Church of Saint Pius X

RELIGIOUS EDUCATION - 85 Palmer Avenue, Scarsdale, NY 10583

Phone: (914) 472-5594; Mobile: (914) 433-0863; Email: [stpiousxred@yahoo.com](mailto:stpiousxred@yahoo.com)

## REGISTRATION

PLEASE PRINT:

Academic Year: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Note:** Please indicate if there are any changes to the information you previously provided. If there is no change, please indicate no change.

STUDENT INFORMATION	Full Name (As it appears on Baptismal Certificate)	Gender	Date of Birth (mm/dd/yy)	Rel. Ed Class Insert day	School Attending	Incoming Grade
	_____	_____	___/___/___	_____	_____	_____
	_____	_____	___/___/___	_____	_____	_____
	_____	_____	___/___/___	_____	_____	_____
	_____	_____	___/___/___	_____	_____	_____

<b>Father's Name:</b> _____ <small>(First)</small> _____ <small>(Last)</small> _____	Religion: _____	
Home # _____	Work # _____	Mobile # _____
Address: _____		City _____ Zip code _____
Occupation: _____		
<b>Mother's Name:</b> _____ <small>(First)</small> _____ <small>(Last)</small> _____	Religion: _____	
Mother's Maiden Name: _____	Work # _____	Mobile # _____
Address: _____		City _____ Zip code _____
Occupation: _____		

**Emails should be sent to:** \_\_\_\_\_  
Our office corresponds frequently by email: Please supply only **ONE** email per household. Should your email change, please contact us as soon as possible.

**Preferred format for address labels:** \_\_\_\_\_  
(e.g. Mr. & Mrs. William Aslanian; William and Ellen Aslanian; Ms. Ellen Aslanian)

**Student lives with:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Duplicate Mailing Address?** YES / NO (e.g. , Parents are separated and you would like mailing to both parents)

By signing below, I give permission for my child's name and/or image or recording taken of my child while participating in any Church of St. Pius X activity (including religious education classes, liturgies, outreach activities and other related activities) to be submitted to publications (including newspapers or magazines) or to be placed on display in our church building, church publications and/or our church's website. I understand that my child will be recorded during online classes. I understand that an adult must be present with my child during any online classes.

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 the physician is not available, the representative of the parish catechetical program may make whatever arrangements he/she deems appropriate. I hereby consent to any treatment and/or medication deemed appropriate and agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed appropriate. To the best of my knowledge all information herein is accurate and complete.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration Fees**

\$300.00 One child

\$500.00 Two children

\$600.00 Three children

\$700.00 Four or more children

\$20.00 \*REPTA Fee per child

\*(Check payable to St. Pius X REPTA)

**Sacramental Fees**

**2nd Grade**

Eucharist \$200.00

**8th Grade**

Confirmation \$230.00

◆Donations welcome ◆Scholarships available ◆

Checks Payable to: **Church of Saint Pius X**

**PARENT SUPPORT: I wish to volunteer for (please check):**

Catechist for grade \_\_\_\_;  Catechist assistant for grade \_\_\_\_;  Substitute for grades \_\_\_\_;  Hall monitor \_\_\_\_\_

Baptismal Certificates (All Students)

*A **hardcopy** of every child's Baptismal Certificate (including Church of Saint Pius X baptisms) **MUST** be on file in the Religious Education Office.*

Student's Name	Place of Birth	Baptismal Certificate (check one)	
_____	_____	<input type="checkbox"/> Enclosed	<input type="checkbox"/> On File in Rel. Ed. Office
_____	_____	<input type="checkbox"/> Enclosed	<input type="checkbox"/> On File in Rel. Ed. Office
_____	_____	<input type="checkbox"/> Enclosed	<input type="checkbox"/> On File in Rel. Ed. Office
_____	_____	<input type="checkbox"/> Enclosed	<input type="checkbox"/> On File in Rel. Ed. Office

**NEW Students**

All new students must supply:

1) Copy of Baptismal Certificate (see above)	<input type="checkbox"/> Enclosed
2) Copy of 1st Eucharist Certificate (if applicable)	<input type="checkbox"/> Enclosed
3) Record of prior Religious Education Studies (if applicable)	<input type="checkbox"/> Enclosed

**Medical Information/Special Needs**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Hospital Preference (in case of emergency): \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Notes: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Emergency Contacts (other than parents)**

Contact #1	Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Telephone: _____	Telephone: _____
Cell Phone: _____	Cell Phone: _____

\_\_\_\_\_