

Church of Saint Pius X

RELIGIOUS EDUCATION - 85 Palmer Avenue, Scarsdale, NY 10583

Phone: (914) 472-5594; Email: spxreled@spxny.org

REGISTRATION

PLEASE PRINT:

Academic Year: _____

Today's Date: _____

STUDENT INFORMATION

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

Father's Name: _____ Religion: _____
(First) (Last)

Home #: _____ Work #: _____ Mobile #: _____

Address: _____ City: _____ Zip code: _____

Occupation: _____

Mother's Name: _____ Religion: _____
(First) (Last)

Mother's Maiden Name: _____ Work #: _____ Mobile #: _____

Address: _____ City: _____ Zip code: _____

Occupation: _____

RELIGIOUS EDUCATION EMAIL NOTIFICATION

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)

REGISTRATION FEES

- \$450.00 One child
- \$550.00 Two children
- \$650.00 Three children
- \$750.00 Four or more children
- \$75.00 *REPTA Annual Contribution
*(Check payable to St. Pius X REPTA)

SACRAMENTAL FEES

2nd Grade

- \$200.00 Eucharist

8th Grade

- \$250.00 Confirmation

REGISTRATION REMINDERS

- \$50.00 off Early-Bird Discount (March 1-15, 2025)
- \$25.00 off Early-Bird Discount (March 16-31, 2025)
- \$75.00 Late Fee (starting August 15, 2025)

◆ Donations welcome ◆ Scholarships available ◆
Check 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 Grade _____;
- 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. If baptized at St. Pius X, please call the parish office at (914) 725-2755 to request a copy of the Certificate be forwarded to the Religious Education Office.*

Student's Name	Place of Birth	Baptism (Date/Name of Church)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW STUDENTS

All new students must supply:

- 1) Copy of Baptismal Certificate (see above) Enclosed
- 2) Copy of First Communion Certificate (if applicable) Enclosed
- 3) Record of prior Religious Education Studies (if applicable) 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

Name: _____

Relationship: _____

Telephone: _____

Cell Phone: _____

Contact #2

Name: _____

Relationship: _____

Telephone: _____

Cell Phone: _____

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.

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's Signature: _____ **Date:** _____

SIGNATURE OVER PRINTED NAME