

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)	School Attending	Incoming Grade
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

Father's (or Guardian's) Name: _____
(First) (Last)

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

Address: _____ City: _____ Zip code: _____

Occupation: _____ Religion: _____

Mother's (or Guardian's) Name: _____ Mother's Maiden Name: _____
(First) (Last)

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

Address: _____ City: _____ Zip code: _____

Occupation: _____ Religion: _____

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 would like mail sent to both parents.)

REGISTRATION FEES*

- ☐ \$450.00 One child
- ☐ \$550.00 Two children
- ☐ \$650.00 Three children
- ☐ \$750.00 Four or more children

SACRAMENTAL FEES*

- 2nd Grade**
- ☐ \$200.00 Eucharist
- 8th Grade**
- ☐ \$250.00 Confirmation

REGISTRATION DEADLINE*

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

◆ Donations welcome ◆ Scholarships available ◆

REPTA**

- ☐ \$75.00 REPTA Annual Contribution per child
(REPTA fee, Christmas gifts and end-of-year gifts to R.E. volunteers)

*Check payable to: Church of Saint Pius X

** Check payable to: St. Pius X REPTA

PARENT/GUARDIAN SUPPORT

I wish to volunteer for (please check):

- ☐ Catechist for Grade _____ ☐ Catechist Aide for Grade _____ ☐ Substitute Catechist/Aide for Grade _____ ☐ Hall Monitor ☐ REPTA

FOR NEW AND TRANSFERRING STUDENTS ONLY

All new and transferring students must supply:

1) Copy of **Baptismal Certificate** (all new students)

☐ Enclosed

*A copy of each student's Baptismal Certificate (including Church of Saint Pius X baptisms) **MUST** be on file in the Religious Education Office. Please attach a copy of the Certificate to this form or email it to spxreled@spxny.org or, if the student was baptized at St. Pius X, please call the Parish Office at (914) 725-2755 to request that a copy of the Certificate be forwarded to the Religious Education Office.*

2) Copy of **First Communion Certificate** (transferring students only)

☐ Enclosed

*A First Communion Certificate is **REQUIRED** for each transferring student who already has received First Communion from another parish. Please attach a copy of the Certificate to this form or email it to spxreled@spxny.org.*

3) Record of prior **Religious Education Studies** (transferring students only)

☐ Enclosed

*A Religious Education Permanent Record Card is **REQUIRED** for each transferring student who previously has attended religious education at another parish. If you have a copy of this document, please attach it to this form or email it to spxreled@spxny.org. If you do not have a copy of this document, please contact the Religious Education Office from your previous parish to request that the Permanent Record Card be sent directly to our office at 85 Palmer Ave., Scarsdale, NY 10583.*

MEDICAL INFORMATION/SPECIAL NEEDS

(If registering multiple students, please attach a separate sheet providing complete medical information for each student.)

Doctor's Name: _____ Doctor's Phone: _____

Student's Allergies: _____

Student's Special Needs: _____

Other Medical Notes: _____

EMERGENCY CONTACTS *(other than parents)*

Contact #1

Name: _____

Relationship: _____

Telephone: _____

Mobile Phone: _____

Contact #2

Name: _____

Relationship: _____

Telephone: _____

Mobile Phone: _____

By signing below, I give permission for the name and/or image or recording taken of any of my children 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 a representative of the parish contact me. If I cannot be reached, I hereby authorize a representative of the parish to call the physician indicated and to follow the physician's instructions. If the physician is not available, a representative of the parish 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's / Guardian's Signature: _____ **Date:** _____

SIGNATURE OVER PRINTED NAME