

HOLY NAME OF MARY RELIGIOUS EDUCATION – STUDENT REGISTRATION 2020-2021

New registration: If a child is registering for the first time, a *baptismal certificate* must accompany this form, even if the child has been baptized at Holy Name of Mary.

Parish Registration #: If you are not registered in the parish, please do so before registering your child for Religious Education Instructions. Parish Registration number may be found on your Sunday envelope.

FAMILY INFORMATION

Salutation: (Mr. & Mrs.) _____

Family Name: _____

Mother's Name: _____

Father's Name: _____

Mailing Address: _____

Billing Address (if different): _____

Email Address: _____

Church Registration #: _____

Home Phone: _____

Mother's Work #: _____ Cell #: _____

Father's Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

Please check the time you would like your child to have his/her class:

Grades 1 - 5 Mon., 3:30-4:45 pm ___ Tues., 3:30-4:45 pm ___ Wed., 3:30-4:45 pm* ___

Grades 6-8: Mon, 7:00-8:15pm ___ Tues., 7:00-8:15pm ___

STUDENT INFORMATION

(All information will be kept confidential: this is for us to make sure that we are being as accommodating as possible for your child).

Student's Last Name: _____ First: _____ Sex: M / F

Student's date of birth: ___ / ___ / ___ Public School: _____ Grade: _____ (in September)

Church of Baptism: _____ Date _____

Church Address: _____

Has your child received First Communion? Y / N Mother's Maiden Name: _____

Church of First Communion: _____

Expected Communion Year _____

Expected Confirmation Year _____

Student's Last Name: _____ First: _____ Sex: M / F
Student's date of birth: ____ / ____ / ____ Public School: _____ Grade: _____ (in September)
Church of Baptism: _____ Date _____
Church Address: _____
Has your child received First Communion? Y / N Mother's Maiden Name: _____
Church of First Communion: _____

Expected Communion Year _____

Expected Confirmation Year _____

Student's Last Name: _____ First: _____ Sex: M / F
Student's date of birth: ____ / ____ / ____ Public School: _____ Grade: _____ (in September)
Church of Baptism: _____ Date _____
Church Address: _____
Has your child received First Communion? Y / N Mother's Maiden Name: _____
Church of First Communion: _____

Expected Communion Year _____

Expected Confirmation Year _____

Student's Last Name: _____ First: _____ Sex: M / F
Student's date of birth: ____ / ____ / ____ Public School: _____ Grade: _____ (in September)
Church of Baptism: _____ Date _____
Church Address: _____
Has your child received First Communion? Y / N Mother's Maiden Name: _____
Church of First Communion: _____

Expected Communion Year _____

Expected Confirmation Year _____

Information form for Child with Special Needs

Child's name: _____

Grade Level (in September) _____

Grade in School: _____

Self-contained classroom in school? _____

Mainstreamed (Regular class) _____

Classification of Special Needs

Developmental Delay _____

Learning Disabled* _____

Emotional Problem _____

Neurologically Impaired _____

Blind/Hearing Impaired _____

Autism _____

Allergies (please be specific) _____

Gluten and or Celiac _____ Epi-pen _____

****If Learning Disabled, please specify**

Dyslexia _____

Hyperactivity _____

Attention Deficit _____

Visual/Auditory _____

Memory/Thinking Disorder _____

Coordination Deficit _____

Perceptual/Motor Impairment _____

Impulsivity _____

Other _____

Pertinent medical Information (Medications, Seizures, Diabetes, Asthma, Epi pen etc)

Other information which will be helpful for the teacher to know

Registration Fees

Number of Children		Registration Fees	
1 child		\$125.00	
2 children		\$200.00	
3 or more children		\$235.00	

NON PARISHIONERS

Number of Children		Registration Fees	
1 child		\$175.00	
2 children		\$250.00	
3 or more children		\$300.00	

**Please make check payable to Holy Name of Mary Religious Education and
Mail to: Holy Name of Mary Religious Education
90 South Grove Street
Valley Stream, NY 11580**