

Saint Theresa Religious Education

2855 St. Theresa Avenue Bronx, NY 10461 718-792-8434

Email: sainttheresa.religioused@gmail.com

May 2016

Dear Parents/Guardians,

Thank you for your interest in our Religious Education Program. Grades 1, 2, 3, Basic 1 and the mixed grade Communion Class meet on Sunday mornings from 9:00 a.m. until 10:20 a.m. Grades 4, 5, 6, 7 and Basic 2 meet on Wednesday evenings from 7:00 p.m. until 8:30 p.m. An annual calendar is provided as well as updated monthly calendars.

- Please fully complete the application and Student Information record. **A parent email address is vital; we rely on email for emergency contact in case of weather cancellation or other important reasons.**
- Students who are new to the St. Theresa Religious Education Program must provide a copy of certificates for sacraments which they have received.
- Students who are transferring from another religious education program must provide a copy of the student's most recent religious education progress report. Before receiving a sacrament a student must have completed 2 years of religious education at St. Theresa.
- Payment is requested at the time of registration. If necessary, a payment plan can be arranged at the request of the parent.

Annual Fees for Tuition + Books

| | |
|------------------------------|-------|
| 1 child | \$90 |
| 2 children in family | \$130 |
| 3 children in family | \$170 |
| 4 or more children in family | \$185 |

Questions?

We welcome your inquiries. You may contact Mrs. Marie McCarrick, Director of Religious Education, at 718-792-8434. Please leave a clear voice message if no one answers and you will receive a return call.

Respectfully yours,

Mrs. Marie McCarrick
Director of Religious Education

Saint Theresa Religious Education

2855 St. Theresa Avenue Bronx, NY 10461 718-792-8434

Email: sainttheresa.religioused@gmail.com

APPLICATION FOR RELIGIOUS EDUCATION

Please complete all the required information for your child. A separate application is required for each child in the family.

Student's Name _____ Date of Birth _____

Street Address _____ Apt. _____ City/State/Zip _____

Home Telephone #: _____

Parent email for emergency notifications: _____

Father's First & Last Name: _____ Cell #: _____

Mother's First & Maiden Name: _____ Cell #: _____

Child's grade in Sept. 2016: _____ Child's Public/Private School: _____

Legal Guardian (if other than the parent of the child): _____

Previous Religious Education

Has the child previously attended religious education class or Catholic School? _____

Name of parish or school: _____

Which grades did they attend? _____ How recently? _____

To whom should mail be addressed and sent?

Mr./Mrs./Ms. _____

Street Address _____

City, State, Zip _____

Record of Sacraments:

If your child is new to St. Theresa CCD please provide certificates.

Church of Baptism: _____ Date: _____

First Penance: _____ Date: _____

First Communion: _____ Date: _____

Please provide the name of an emergency contact in case a parent cannot be reached in an emergency.

Name: _____ Home/Cell #: _____

Address: _____ Apt #: _____

City/State/Zip: _____

Relationship to child: _____

Please indicate below any allergies, special medical conditions, or educational needs that would be helpful for us to know.

Allergies:

Medical considerations:

Special educational needs:

OFFICE USE ONLY: PAYMENT – CHECK: _____ CASH: _____

Student Information Record

This form must be completed for each child being registered.

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email address for family: _____

Father's Name: _____ Business or Cell Phone: _____

Mother's Name: _____ Business or Cell Phone: _____

Legal Guardian's Name: _____ Business or Cell Phone: _____

Special Medical conditions/allergies: _____

Procedures to be followed, if above condition presents an emergency: _____

How will this child be dismissed from CCD?: _____

In Case of Emergency

Persons to Contact If Parent/Legal Guardian Cannot Be Reached:

Name: _____ Phone: _____

Address: _____

Relationship to Child: _____

Doctor for Emergency: _____ Phone: _____

Address: _____

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 the physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all the information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____