



## RELIGIOUS EDUCATION PROGRAM

### Registration 2010-2011

**Holy Name of Jesus Catholic Church**  
 Franciscan Friars  
 207 West 96<sup>th</sup> Street, New York, N.Y. 10025  
 Tel. 212-749-0276 // Fax. 212-749-2045  
 www.holynamenyc.org

**PLEASE PRINT CLEARLY**

TODAY'S DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Child's Last Name	First Name	Middle Name

**SIBLINGS REGISTERED (circle one): YES NO IF YES, COMPLETE NEXT SECTION**

**Grade Rel. Ed. Entering 2010-2011:**

**Date of Birth:** \_\_\_\_\_  
 Month Day Year

**Age:** \_\_\_\_\_

**Sex (Circle one): MALE FEMALE**

**Language(s) spoken:** \_\_\_\_\_

**Origin Country:** \_\_\_\_\_

### OTHER SIBLINGS IN RELIGIOUS EDUCATION PROGRAM:

#	Last Name	First and Middle name	Grade Rel. Ed. Entering 2010-2011	Age	Sex	
					M	F
1						
2						
3						
4						

### CONTACT INFORMATION

<b>Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home phone</b>	<b>Cell. Mother</b>	<b>Cell. Father</b>	<b>Father's work phone</b>	<b>Mother's work phone</b>
<b>Mother's e-mail</b>			<b>Father's e-mail</b>	

### Mother's Information

Name	Last Name	Religion	Country of Origin	Age	Language(s) spoken	Profession and Job

### Father's Information

Name	Last Name	Religion	Country of Origin	Age	Language(s) spoken	Profession and Job

Child's lives with (circle one)			
Both parents	Father	Mother	Guardian (enter full name):
Emergency contact ( complete this all information )			
Name		Telephone	
Relationship (circle one):			
Doctor	Friend	Neighbor	Other(describe):
<b>Child's special medical conditions:</b>			

**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE ABOVE NAMED PERSON. IF THE EMERGENCY CONTACT LISTED ABOVE CANNOT BE REACHED, YOUR SIGNATURE BELOW GIVES PERMISSION FOR AN ADULT IN THE RELIGIOUS EDUCATION PROGRAM TO SEE THAT MEDICAL SERVICES ARE PROVIDED FOR YOUR CHILD.**

SACRAMENTAL INFORMATION (please circle the sacrament(s) your child has received:		
Baptism	Penance	First Communion
Date(month/day/year):	Date(month/day/year):	Date: (month/day/year):
Place:	Place:	Place:
Church:	Church:	Church:

**WAS YOUR CHILD ENROLLED IN HOLY NAME'S RELIGIOUS EDUCATION PROGRAM LAST YEAR 2009-2010? (Circle one)      YES      NO**

**PLEASE INDICATE THE YEAR(S) YOUR CHILD WAS ENRROLED AND COMPLETED THE REL. ED. PROG. AT HOLY NAME CHURCH**

Grade:	K	1 <sup>st</sup> .	2 <sup>nd</sup> .	3 <sup>rd</sup> .	4 <sup>th</sup> .	5 <sup>th</sup> .	6 <sup>th</sup> .	7 <sup>th</sup> .	8 <sup>th</sup> .
Year:	-	-	-	-	-	-	-	-	-

**IF NO, HAS YOUR CHILD ATTENDED ANOTHER RELIGIOUS EDUCATION PROGRAM? (Circle one)      YES      NO,**  
 AND IF YES, PLEASE PROVIDE THE PARISH NAME AND DATES OF ATTENDANCE BELOW:

PARISH: \_\_\_\_\_ PLACE: \_\_\_\_\_ GRADE(S) \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year      Month Day Year

**PLEASE INDICATE BELOW THE NAME OF THE PERSON WHO WILL PICK-UP YOUR CHILD AFTER THE PROGRAM:**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

MY CHILD IS PERMITTED TO LEAVE ON HIS/HER OWN. (Circle one):      YES      NO

I WOULD BE WILLING TO OFFER MY SERVICES IN VOLUNTEERING FOR THE PROGRAM (Please circle one):      YES      NO

FULL NAME OF PARENT/GUARDIAN: _____  SIGNATURE PARENT/GUARDIAN: _____	NOTE(S):   
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**You must provide the requested documents With this application or within 2 weeks:**

a. Copy of the Birth Certificate	<input type="checkbox"/>
b. Copy of Baptismal Certificate	<input type="checkbox"/>
c. Copy of Communion Certificate	<input type="checkbox"/>

Holy Name of Jesus Church  
**RELIGIOUS EDUCATION**

English  
 Registration 2010-2011

<b>OFFICE USE ONLY:</b>						
<b>Please circle the amount paid for each child</b>	<b>Payment received by Monday, July 26, 2010</b>					
	Payment	Last Name	First and Middle name	Enrolling for Religious Ed. Grade 2010-2011	Age	Sex (M/F)
	1 <sup>st</sup> . Child: \$ 65					
	2 <sup>nd</sup> .Child (additional sibling) \$ 35					
	3 <sup>rd</sup> Child (additional sibling) \$ 35					
	4 <sup>th</sup> Child ( additional sibling) \$ 35					
	<b>Payment received After Tuesday, July 27, 2010</b>					
	1 <sup>st</sup> . Child: \$ 75					
	2 <sup>nd</sup> .Child (additional sibling) \$ 40					
	3 <sup>rd</sup> Child (additional sibling) \$ 40					
	4 <sup>th</sup> Child ( additional sibling) \$ 40					
	<b>Before and after July 26, 2010 sacramental payments will be the same amount</b>					
	First Communion Fee \$ 40					
Confirmation Fee \$ 40						
TOTAL: <input style="width: 100px;" type="text"/>						

Total Amount Due:	Paid with:(circle one)	Enter Receipt #:
\$ _____	a. Cash: _____	#: _____
	b. Money order#: _____	
	c. Check# _____	

<b>Date Paid:</b> _____ / _____ / _____ <div style="text-align: center; margin-left: 100px;">       Month      Day      Year     </div>
<b>Amount:</b> _____ \$ <b>Received by:</b> <b>Name (Print name)</b> _____  <b>Signature:</b> _____