

**HOLY ROSARY CHURCH
FAITH FORMATION REGISTRATION FORM
SCHOOL YEAR 2020-2021**

Today's Date: _____

PLEASE SUBMIT A COPY OF STUDENT'S BAPTISMAL/COMMUNION CERTIFICATE FOR OUR RECORDS, IF SAME IS NOT ALREADY ON FILE (REGISTRATION WILL NOT BE PROCESSED WITHOUT THE PROPER BAPTISM CERTIFICATE):

Child's Name _____ Gender: Male ___ Female ___ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ E-mail address for correspondence: _____

Are you a registered parishioner of HOLY ROSARY CHURCH? Yes ___ No ___ If Yes, Envelope No: _____
(If you are not registered, please complete a Parish Registration Card today and attach it to this Registration Form)

Father/Guardian Name: _____ Religion: _____

Cell Phone No: _____ Occupation: _____

Mother/Guardian Name: _____ Religion: _____

Cell Phone No: _____ Occupation: _____

Child's Sacraments:

Date of Baptism: _____ Church _____

A copy of your child's Baptism certificate is required. If this is your child's first year in the program, please attach a copy of his/her Baptism Certificate to this form. **Registration form will not be accepted without the proper documents.**

Has child received RECONCILIATION (Confession)? YES ___ NO ___ If yes, name of Church _____

Has child received EUCHARIST (First Communion)? YES ___ NO ___ If yes, name of Church _____

Name of the school the student attends: _____ Grade he/she will start in September 2020 _____

Does your child require any special services: (CONFIDENTIAL)

Learning Disabilities _____ Language Impairment _____ Emotionally Impaired? _____ Other _____

Additionally: I am willing to assist in the following area(s):

TEACHING: _____ SUBSTITUTE: _____ CLASSROOM ASSISTANT: _____

(If you would like to volunteer as a Catechist or an Aide, you are required to complete a volunteer application, accept the Archdiocese of Newark Code of Conduct, agree to a background screening, attend a Protecting God's Children seminar and keep your training current).

Please inform us of any custody/legal issues. Copies of existing court orders should be submitted with this registration form. If you are not the named guardian responsible for Religious Education, a letter giving you permission to enroll your child in the program must be attached to this registration form.

***Classes Begin on TBD
(Calendars will be distributed at a later date)***

Parent Signature: _____ Today's Date: _____

Tuition: \$110.00 1st Child * ** \$25.00 each additional Child.

Additional Fees: \$50.00 Communion Class (2nd Grade) * \$70.00 Confirmation Class (8th Grade)**

Total Tuition Due: \$ _____ Amount Paid \$ _____ Date Paid: \$ _____



Holy Rosary Church

344 Sixth Street, Jersey City, New Jersey 07302

Tel: 201-795-0120 Fax: 201-795-3230

www.HolyRosaryChurch.com

"Celebrating 135 years as the First Italian Parish in the State of New Jersey."

Established in 1885

Medical Information Form School Year 2020-2021

In the event of minor illness/accident, early dismissal or other changes in class routine, I request that the Religious Education staff contact me using the information provided on this form. If the staff is unable to reach me, I hereby authorize them to contact the adults listed below who may assume temporary care of my child.

Student Name: _____ Grade/Teacher: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Home Address: _____

Parent Phone Numbers to call in case of emergency:

(1) _____ (2) _____

(please indicate home or cell)

Emergency Contact Information (two people other than the parent/guardian listed above):

1. Name: _____

Numbers to call in case of emergency:

(1) _____ (2) _____

2. Name: _____

Numbers to call in case of emergency:

(1) _____ (2) _____

Does your child have any special educational needs? ____ Yes, please describe below ____ No

(OVER)

Medical Information

Please list any health concerns or allergies: _____

In case of an emergency, please list any medication your child is currently taking:

Note: The Religious Education staff will not administer any medication, but would pass this information on to medical personnel if the need arises.

In case of an accident or serious illness, I request that the Religious Education staff of Holy Rosary Church contact me using the information provided on this form. If the staff is unable to reach me, I hereby authorize the Religious Education staff of Holy Rosary Church to call the physician indicated below and to follow his or her instructions. If the Religious Education staff is unable to reach the parent, guardian, emergency contact, or physician, then you are authorized to make any and all appropriate arrangements deemed necessary for the safety and care of my child, including transporting my child to the nearest hospital emergency room by ambulance.

Name of Your Child's Physician: _____

Physician's Telephone No: _____

Please indicate your approval of the information provided on this form by printing and signing your name below:

Name of parent/guardian (please print) _____

Signature of parent/guardian (please sign) _____