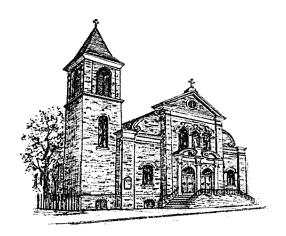
## HOLY ROSARY CHURCH FAITH FORMATION REGISTRATION FORM SCHOOL VEAR 2020-2021

	SCHOOL IL	AXX ZUZU".	4U41	
Today's Date:				
PLEASE SUBMIT A COPY OF STUI IF SAME IS NOT ALREADY ON FIL BAPTISM CERTIFICATE):	DENT'S BAPTISMAL/CON LE (REGISTRATION WIL:	MMUNION ( L NOT BE P	CERTIFICATE FOR O ROCESSED WITHOU	OUR RECORDS, IT THE PROPER
Child's Name	Gender: Male	_ Female	Date of Birth:	Age:
Address:				
Home Phone:	E-mail address for corr	espondence:		
Are you a registered parishioner of H (If you are not registered, please com				
Father/Guardian Name:		_ Religion:		
Cell Phone No:				
Mother/Guardian Name:				
Cell Phone No:		_ Occupatio	n:	
Child's Sacraments:				
Date of Baptism:	Church			
A copy of your child's Baptism certificate Baptism Certificate to this form. <i>Registre</i>	e is required. If this is your o	hild's first ye	ear in the program, please	
Has child received RECONCILIATION (	(Confession)? YES NO	If yes, name	of Church	
Has child received EUCHARIST (First C	ommunion)? YES NO	If yes, name	of Church	
Name of the school the student attends: _		i	Grade he/she will start in	September 2020
Does your child require any special				-
Learning Disabilities Language	Impairment Em	otionally Imp	paired? Other	
Additionally: I am willing to assist i	n the following area(s):			
TEACHING: SUBSTITUTE:	CLASSROOM ASSISTA	NT:		
(If you would like to volunteer as a Ca Archdiocese of Newark Code of Cond keep your training current).				
Please inform us of any custody/lega If you are not the named guardian re the program must be attached to this	sponsible for Religious E	court order ducation, a	rs should be submittea letter giving you perm	l with this registration form. ission to enroll your child in
	Classes Beg	gin on T	BD	
(Calc	endars will be dist	ributed (	at a later date)	
Parent Signature:		То	day's Date:	
	* ** \$25.00 each addition	onal Child.	• • • • • • • • • • • • • • • • • • • •	•••••
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)	
	the compact (counting that deal about
Emergency Contact Information (two people other than	ine parent/guaraian tistea above):
1. Name:	
<del></del>	
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?Ye	s, please describe belowNo

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)