

**St. Mark's Office of Religious Education  
Registration Form 2018/2019**

**Registration Fee \$90 per child**

*If you are not a registered parishioner, please do not sign your children up for CCD. Call our CRE, Diana Zuna at (732) 449-6364 ext. 105*

**Check if this is a New Registration:** \_\_\_\_\_

**\*PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE FOR STUDENTS IN GRADES 2 & 8, AND ALSO NEW REGISTRANTS\***

**FAMILY INFORMATION:**

Family Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ **Primary Email:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Secondary Email:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Deceased: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Deceased: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_

Legal Guardian, if different from above:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Special Dismissal/Transportation Info: \_\_\_\_\_

Are there any custodial issues? If yes please explain: YES \_\_\_\_\_ NO \_\_\_\_\_

**PROMOTIONAL RELEASE:**

**I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.**

**Parent / Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ASSISTANCE NEEDED:** Please indicate the area where you would be willing to assist our program.

Catechist \_\_\_\_\_  
(Grade & Day)

Aide \_\_\_\_\_  
(Grade & Day)

Substitute \_\_\_\_\_  
(Grade & Day)

Please don't register your children for classes, if you have other obligations including sports or other activities. We take attendance weekly, and after more than 4 unexcused absences during the school year, the student will need to attend a make-up session that week or the following for the absence. Excessive absences may result in repeating a grade. This is extremely important during sacramental preparation. Thank you for your cooperation!

### STUDENT INFORMATION

Please circle preference (choice #1 & #2)

Sunday Morning: Gr. 1- 8 8:45 – 9:55 a.m.

Monday Afternoon: Gr. 1- 5 4:00 – 5:15 p.m.

Monday Evening: Gr. 6, 7, 8 7:00 – 8:15 p.m.

Tuesday Afternoon: Gr. K, 1- 6 4:00 – 5:15 p.m.

1. Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

**Health Information:** Learning Disabilities- Classification \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medical/Other Needs: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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2. Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

**Health Information:** Learning Disabilities- Classification \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medical/Other Needs: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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Please circle preference (choice #1 & #2)

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3. Child's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

**Health Information:** Learning Disabilities- Classification \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medical/Other Needs: \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_