

**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: _____

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.

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: _____

STUDENT INFORMATION

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: _____