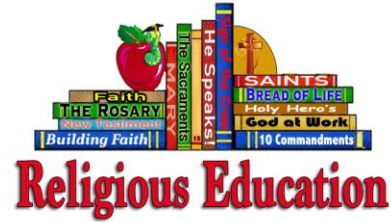




SAINT MARY OF THE IMMACULATE CONCEPTION PARISH
 Parish: 254 Second Street, Jersey City, NJ 07302
 Office/Classes: 209 Third Street, Jersey City, NJ 07302
Catechetical@StMarysParishJC.com

Tel. 201-434-8500

Fax. 201-333-1816



2020-2021 PROGRAM REGISTRATION

"Train up a child in the way he should go; even when he is old he will not depart from it." Proverbs 22:6

Does the Child have: **Baptism Yes or No** **First Communion: Yes or No** **Confirmation: Yes or No**

STUDENT AND FAMILY INFORMATION

(PLEASE PRINT INFORMATION CLEARLY)

STUDENT FIRST NAME: _____ **STUDENT LAST NAME:** _____

Gender: Male / Female **DATE OF BIRTH:** ____/____/____ **AGE:** _____

Mailing Address: _____ **CITY/ST:** _____ **ZIP:** _____

STUDENT CELL: _____ **STUDENT EMAIL:** _____

SCHOOL (FALL, 2019) _____ **SCHOOL GRADE:** _____

MOTHER

MOTHER FIRST NAME: _____ **MOTHER MAIDEN NAME:** _____

ADDRESS: Same as Student? Yes No (If No, please provide)

Mailing Address: _____ **CITY/ST:** _____ **ZIP:** _____

Cell #: _____ **Email Address:** _____

Registered Member of St. Mary's: Yes No **RELIGION:** _____ **CHURCH:** _____

Optional - Sacraments Recvd: Baptism First Communion Confirmation Interested: RCIA Sacraments for Adults

FATHER

FATHER NAME: _____ **FATHER LAST NAME:** _____

ADDRESS: Same as Student? Yes No (If No, please provide) Mailing Address: _____

Cell #: _____ **Email Address:** _____

Registered Member of St. Mary's: Yes No **RELIGION:** _____ **CHURCH:** _____

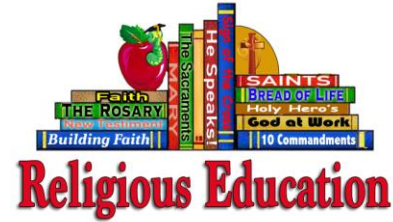
Optional - Sacraments Recvd: Baptism First Communion Confirmation Interested: RCIA Sacraments for Adults

SIBLINGS

1. NAME: _____	GRADE: _____
2. NAME: _____	GRADE: _____
3. NAME: _____	GRADE: _____
4. NAME: _____	GRADE: _____ (Others in the back)



SAINT MARY OF THE IMMACULATE CONCEPTION PARISH
 Parish: 254 Second Street, Jersey City, NJ 07302
 Office/Classes: 209 Third Street, Jersey City, NJ 07302
Catechetical@StMarysParishJC.com
 Tel. 201-434-8500 Fax. 201-333-1816



LEGAL GUARDIAN

GUARDIAN NAME: _____ GUARDIAN LAST NAME: _____

ADDRESS: Same as Student? Yes No (If No, please provide) Mailing Address: _____

Cell #: _____ Email Address: _____

Registered Member of St. Mary's: Yes No RELIGION: _____ CHURCH: _____

Optional - Sacraments Recvd: Baptism First Communion Confirmation Interested: RCIA Sacraments for Adults

SACRAMENTAL INFORMATION

Please provide Information and Certificates for all Sacraments received and marked "Yes" below.

Did student receive the Sacrament of:		Date	Name of Parish/Church	Parish/Church Address/City/State	Certificate Provided?
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Penance/Confession/Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

****If you do not have a copy of the child's certificate, please request it from the parish of Baptism.****

SPECIAL CONSIDERATIONS

1. Does your Child have a physical disability? Yes No
 If Yes, please explain.

2. Does your child have an aide during the week in school? Yes No

3. Does your child have a physical, social or learning disability, family situation, personal situation or anything else that can better enable us to teach your child?



SAINT MARY OF THE IMMACULATE CONCEPTION PARISH

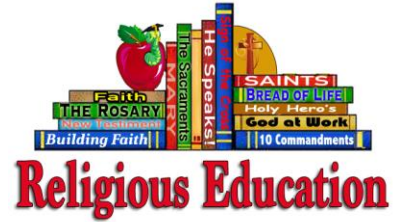
Parish: 254 Second Street, Jersey City, NJ 07302

Office/Classes: 209 Third Street, Jersey City, NJ 07302

Catechetical@StMarysParishJC.com

Tel. 201-434-8500

Fax. 201-333-1816



MEDICAL / ALLERGIES

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____

ALLERGIES

ALLERGIES
 Does your Child have any allergies? Yes No If Yes, please explain.

Does your Child require an EpiPen? Yes No
(IF YES, FOR YOUR CHILD’S SAFETY, AN ADDITIONAL EPI-FORM MUST BE COMPLETED. THANK YOU)

MEDICAL PERMISSION

I grant permission for the administration of First Aid to my child, (student name) _____ by the staff/volunteer in charge of the CCD Program, located at Saint Mary of the Immaculate Conception Parish, to sign the necessary releases as may be required, and to make the necessary referrals, to qualified physicians for the treatment of illness, or accidents of a more serious nature. I understand I will be promptly notified in the event of a more serious illness or accident, and prior to any major surgery or treatment, except when delay in such communication may endanger life.

In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian/emergency contacts of the participant. In the event that I cannot be reached, I grant the attending physicians selected by the supervising staff to hospitalize and secure proper treatment, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Parent/Guardian Signature: _____ Date: _____

GENERAL PERMISSION

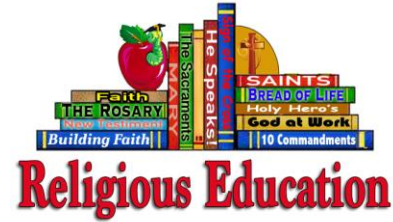
STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____

I (parent name) _____ request that my child, (student name) _____, be allowed to attend CCD Program located at Saint Mary of the Immaculate Conception Parish, which takes place September, 2020 – June, 2021. I hereby release and agree to indemnify and hold harmless the parish, its staff, and their employees, volunteers, agents, and the Archdiocese of Newark from any and all liabilities, for injuries, damages, medical expenses, or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature, whatsoever from child’s participation in this event.

Parent/Guardian Signature: _____ Date: _____



SAINT MARY OF THE IMMACULATE CONCEPTION PARISH
 Parish: 254 Second Street, Jersey City, NJ 07302
 Office/Classes: 209 Third Street, Jersey City, NJ 07302
Catechetical@StMarysParishJC.com
 Tel. 201-434-8500 Fax. 201-333-1816



VIDEO AND STILL PHOTOGRAPHS

VIDEO and STILL PHOTOGRAPHS - Promotional Efforts

Videos, still photographs, and/or audio recordings may be taken during the CCD program. This authorization form constitutes permission for my child's participation in videotaping, still photographs, and/or audio recordings which may be used for future promotional efforts, including Saint Mary and Archdiocese of Newark publications, websites or social media.

- I give permission to photograph my child. I do not give permission to photograph my child.

Parent/Guardian Signature: _____ Date: _____

VIDEO and STILL PHOTOGRAPHS – Community/Fellowship

Videos, still photographs, and/or audio recordings may be taken during the LITURGY OF SACRAMENTS. We post these temporarily in our parish community to congratulate the students. This authorization form constitutes permission for my child's participation in videotaping, still photographs, and/or audio recordings which may be used for temporarily in congratulatory efforts and building fellowship and community, including Saint Mary and Archdiocese of Newark publications, websites or social media.

- I give permission to photograph my child. I do not give permission to photograph my child.

Parent/Guardian Signature: _____ Date: _____

Your Help is Needed!

Our program looks to share the love of Jesus Christ with each child and their family. The program could not be possible without the labor of love of our volunteers that generously share their time and talent weekly.

- ** All training and materials are provided. ** No previous experience necessary.
 ** Volunteers must be 13 years old and older. ** Youth and Adult volunteers are needed.

Will you consider becoming a volunteer?

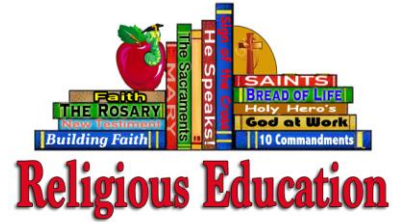
Yes! I am interested in learning more about becoming:

- Catechist: Teacher/Co-Teacher Classroom Aide Substitute Catechist
 I can volunteer in other ways!
 I would love to help or can donate to the program in other ways!

<p>Religious Education Registration Fee \$50.00 - 1 child \$75.00 - 2 children \$100.00 - 3 children Additional children at no cost. Sacramental Fee \$40.00 - First Communion or Confirmation</p>	<p>Return all forms and checklist copies to: SAINT MARYS PARISH Attn: Brenda Santana 254 Second Street, Jersey City, NJ 07302</p>	<p>Checklist:</p> <p><input type="checkbox"/> Registration Form Complete <input type="checkbox"/> Medical Insurance Card (Copy front and back) <input type="checkbox"/> Certificate – Baptism (copy) <input type="checkbox"/> Certificate – First Communion (copy)</p>
--	--	--



SAINT MARY OF THE IMMACULATE CONCEPTION PARISH
 Parish: 254 Second Street, Jersey City, NJ 07302
 Office/Classes: 209 Third Street, Jersey City, NJ 07302
Catechetical@StMarysParishJC.com



Tel. 201-434-8500

Fax. 201-333-1816

Checks payable: Saint Mary's parish	Fax # Fax. 201-333-1816	<input type="checkbox"/> Other _____
-------------------------------------	-------------------------	--------------------------------------

Emergency and Dismissal Release Form

OPTION 1: PICK-UP/AUTHORIZED ADULT from Religious Education program and activities.

Child name:	Grade:
Student Cell#	Student Email:
Parent 1 Name:	Parent 1 Cell#:
Parent 2 Name:	Parent 2 Cell#:

Weekly Attendance Log – Adult Signature required: I understand that for the safety of my child, that I, or the Authorized Adult, is responsible for signing the attendance log before and after each class or program sponsored event. My child will not be allowed to sign him or herself out of class at dismissal.

Parent Signature: _____ Date: _____

EMERGENCY/AUTHORIZED ADULT PICK-UP LIST 2020-2021

Please print.

The following is a list of Authorized Adults for my child. I authorize this list of adults to pick-up my child at dismissal from the St. Mary's Religious Education program. I understand staff may contact this list in the event a parent cannot be reached. I understand that I am responsible to notify the program of any changes. A written note or an updated copy of this form would be required to make any changes. Phone calls/verbal authorizations will not be accepted.

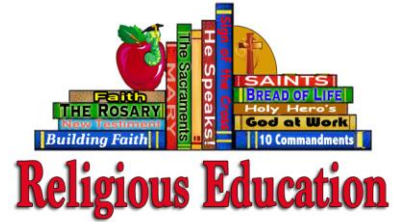
- | | |
|------------------------------------|-------------------------------------|
| 1. Name: _____
Contact #: _____ | Relationship: _____
Email: _____ |
| 2. Name: _____
Contact #: _____ | Relationship: _____
Email: _____ |
| 3. Name: _____
Contact #: _____ | Relationship: _____
Email: _____ |



SAINT MARY OF THE IMMACULATE CONCEPTION PARISH
 Parish: 254 Second Street, Jersey City, NJ 07302
 Office/Classes: 209 Third Street, Jersey City, NJ 07302
Catechetical@StMarysParishJC.com

Tel. 201-434-8500

Fax. 201-333-1816



Emergency and Dismissal Release Form

OPTION 2: PERMISSION FOR CHILD TO “WALK HOME” from Religious Education program and activities.

Child name:	Grade:
Student Cell#	Student Email:
Parent 1 Name:	Parent 1 Cell#:
Parent 2 Name:	Parent 2 Cell#:

Student “Walk-Home”: I give my son/daughter permission to “Walk-Home” at dismissal from their class of Religious Education. Students who are walkers will be dismissed at dismissal time and walk directly home. Any student who does not have this form on file will not be allowed to walk unless accompanied by an Authorized Adult. I understand that if my child needs to leave early, he/she must have a written note to leave earlier than dismissal. I have reviewed this with my son/daughter.

Parent Signature: _____ Date: _____

Parent Name (Print): _____

EMERGENCY/AUTHORIZED ADULT PICK-UP LIST 2020-2021

Please print.

The following are a list of Authorized Adults for my child. In understand the following are authorized to pick-up my child, in the event of an emergency, in the event that a parent cannot be reached. I understand that I am responsible to notify the program of any changes. A written note or an updated copy of this form would be required to make any changes. Phone calls/verbal authorizations will not be accepted.

Name: _____	Relationship: _____
Contact #: _____	Email: _____
Name: _____	Relationship: _____
Contact #: _____	Email: _____
Name: _____	Relationship: _____
Contact #: _____	Email: _____