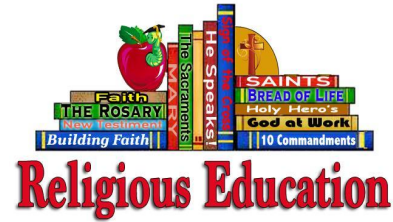




SAINT MARY OF THE IMMACULATE CONCEPTION PARISH
 Parish: 254 Second Street, Jersey City, NJ 07302
 Office/Classes: 209 Third Street, Jersey City, NJ 07302
 Freddy Burke, Director of Religious Education
 FreddyBurkeDRE@gmail.com



Office Tel.201-434-8500 Fax. 201-333-1816

2023-2024 RELIGIOUS ED. PROGRAM REGISTRATION

"One Lord, One Faith, One Baptism" (Ephesians 4:5)

Does the Child have (Circle): Baptism Yes or No First Communion: Yes or No Confirmation: Yes or No
 Office Use Only: Sacrament Level _____

STUDENT AND FAMILY INFORMATION

(PLEASE PRINT INFORMATION CLEARLY)

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____
 Gender: Male / Female DATE OF BIRTH: ____/____/____ Birth City and State: _____ AGE: ____
 Mailing Address: _____ CITY/ST: _____ ZIP: _____
 SCHOOL (FALL, 2023) _____ SCHOOL GRADE: _____
 STUDENT EMAIL _____ First Time Taking CCD Classes? Circle: Yes or No

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

FATHER

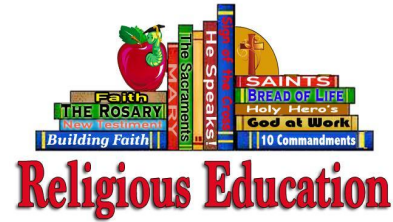
FATHER NAME: _____ FATHER LAST NAME: _____
 ADDRESS: Same as Student? Yes No (If No, please provide) Mailing
 Address: _____
 Cell #: _____ Email Address: _____
 Registered Member of St. Mary's: Yes No RELIGION: _____ CHURCH: _____
 Required - Sacraments Recvd: Baptism First Communion Confirmation Interested: RCIA Sacraments for Adults

SIBLINGS (If registering multiple children, please fill out a form for each child)

1. NAME: _____ GRADE: _____
 2. NAME: _____ GRADE: _____
 3. NAME: _____ GRADE: _____
 4. NAME: _____ GRADE: _____



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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

Interested in becoming a Registered Parishioner of St. Mary's Parish? Please Circle: YES NO Already Registered.

STUDENT SACRAMENTAL INFORMATION

Required: Please provide Information and **Certificates for all Sacraments** received.

Did student receive the Sacrament of:	Please Check	Date of Sacrament	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.

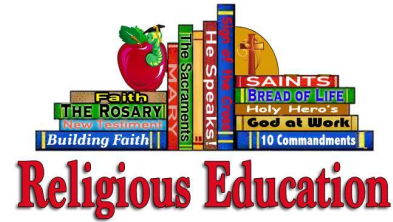
SPECIAL CONSIDERATIONS

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



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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?

MEDICAL INFORMATION

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

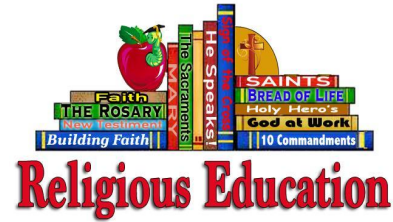
STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____

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, 2023 – May, 2024 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: _____



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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 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 of age or 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
- Attendance check-in Aide
 Parent Chaperone
 I can volunteer in other ways!
- I would love to help or can donate to the program in other ways!

Religious Education Registration Fee

\$50.00 - 1 child
 \$75.00 - 2 children
 \$100.00 - 3 children

Sacramental Fee

\$40.00 - First Communion or Confirmation
 Checks payable: Saint Mary's Parish

Return all forms and checklist copies to:

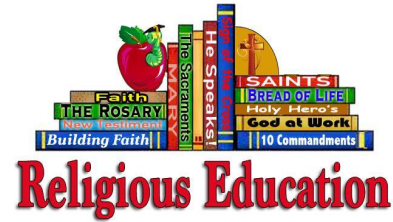
SAINT MARY'S PARISH
 Attn: Freddy Burke
 209 Third Street,
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 Fax # 201-333-1816

Family Checklist:

- Registration Form Complete
 Medical Insurance Card (Copy front and back)
 Certificate – Baptism (copy)
 Certificate – First Communion (copy)
 Other _____



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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#:

Dismissal Policy: My child will not be allowed to sign him or herself out of class at dismissal. A Parent or Legal Guardian will pick them up. For any extraordinary circumstances regarding pick-up by an authorized adult, the Director of Religious Education must be notified ahead of time via email.

Parent Signature: _____ Date: _____

EMERGENCY/AUTHORIZED ADULT PICK-UP LIST 2023-2024

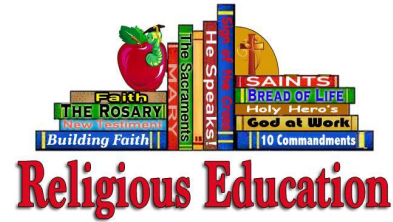
Please print legibly.

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 that staff may contact this list in the event a parent cannot be reached. I understand that I am responsible to notify the program director 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: _____



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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 2023-2024

Please print legibly.

The following are a list of Authorized Adults for my child. I 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: _____