

St. Gertrude Parish

Office of Religious Education

28 School Street

Bayville, NY 11709

(516) 628-2432

faithformation@stgerts.org

**2023-2024 REGISTRATION FORM**

**Family Information**

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

Preferred Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_NEW TO THE PARISH

**\_\_\_\_\_**NEW TO THIS PROGRAM\*

 **\*If you are new to this program you must include a copy of your child’s Baptismal Certificate.**

Father’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact ***(OTHER THAN PARENT)***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

1. First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_ (circle) M or F

Grade in Sept. \_\_\_\_ Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_ (circle) M or F

Grade in Sept. \_\_\_\_ Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_ (circle) M or F

Grade in Sept. \_\_\_\_ Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of your children have any medical condition and/or allergy that we should know about? YES NO

If “yes”, list condition/allergy here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and submit a completed **Medical Information Form** for your child.

**CLASS SCHEDULE**

***Please check the day and time of your first choice.***

 **Monday:** Grades 1 & 2 & 3 @ 3:45-4:45\_\_\_\_\_\_

**Tuesday:** Grades 3 & 4 & 5@ 3:45-4:45\_\_\_\_\_ Grades 5 & 6 @5:15-6:15\_\_\_\_\_\_\_

**Wednesday:** Grades 1, 2, 3, 4 & 5 & 6 @ 3:45-4:45\_\_\_\_\_\_\_

Grades 7 & 8 @ 7-8pm \_\_\_\_\_\_\_

**Home Schooling Online*\_\_\_\_\_\_\_\_\_ Available for grades 3-6 only***

Do any of your children receive any special services from his/her school/district? YES NO

If Yes, which Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he/she:

a. Have an **Individual Education Plan (IEP) or 504 Plan** ? \_\_\_\_\_

b. Receive any of the following services?

**\_\_\_\_\_Speech/Language \_\_\_\_\_Integrated Co Teaching/Inclusion Class Special Class Ratio**

**\_\_\_\_\_Resource Room \_\_\_\_\_Hearing Services \_\_\_\_\_Vision Services \_\_\_\_\_Physical Therapy (PT)**

**\_\_\_\_\_Occupational Therapy (OT) \_\_\_\_\_Reading AIS, ESL**

**My child has the following special need(s) that may impact classroom activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there accommodations or modifications that can facilitate learning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Are there any special family situations that we need to be aware? YES NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Video Permission and Release Form**

I hereby grant permission, without reservation, to the *Saint Gertrude Religious Education Program*, and to those authorized by the Saint Gertrude Religious Education Program, to take photographs and make recordings of my children, and to use them in original or modified form in the parish bulletin, website or Facebook page solely for the promotion of the Saint Gertrude Religious Education Program.

I am the parent or guardian of the minor/minors, and I hereby consent to allowing my child to participate.

My Name (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Registration Fees**

**Office Use Only**

Date received: \_\_\_\_\_\_\_\_

Amount paid: \_\_\_\_\_\_\_\_

Check/Cash \_\_\_\_\_\_\_\_

One child: $225 Two children $250 Three or more children $275

*Checks payable to St. Gertrude Church*

Make your payment online at <https://membership.faithdirect.net/givenow/NY83/44217>

This Registration Form must be on file at the Religious Education Office.