

Child's Information		Child's Information		Child's Information	
Last Name					
First Name					
Date of Birth					
Gender (please circle)	Male or Female	Male or Female	Male or Female	Male or Female	Male or Female
School Child Attends					
School Grade as of September 2019					
Special Needs and Health Information	Does your child(ren) have any allergies, medical, physical or behavioral conditions that we should be aware of <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Information Form for Child with Special Needs on the last page of the registration form				
If any, where has child received prior Religious Education Instruction	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Catholic School
	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>	<i>School name and last grade completed</i>
	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education	<input type="checkbox"/> Religious Education
	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>	<i>Parish name and last level completed</i>
REO Level (Office Use Only)					
Photo/Video Release	Unless you expressly state otherwise, the Parish of Saint Patrick has your permission to use your child's photographed or video image to publicly promote the parish. It is understood that the images may be used in print publications, online publications, presentations, websites, and social media. It is also understood that no royalty, fee, or other compensation shall become payable to you by reason of such use. <input type="checkbox"/> I DO NOT give permission to St. Patrick Parish to use my child's photographed/video image				
SACRAMENTAL INFORMATION — Please note a copy of your child's Baptismal Certificate is required for Religious Education Registration					
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Church: _____	Church: _____	Church: _____	Church: _____	Church: _____
First Communion	City/State: _____	City/State: _____	City/State: _____	City/State: _____	City/State: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Church: _____	Church: _____	Church: _____	Church: _____	Church: _____
	City/State: _____	City/State: _____	City/State: _____	City/State: _____	City/State: _____



You will find that the Religious Education Program at Saint Patrick is unique in that we do not charge a set tuition for Religious Education. We feel that it is our responsibility and our pleasure to help further our youngest parishioners on their faith journey.

Here at St. Patrick's we are blessed with generous parishioners who are faithful to their obligation to financially support the parish (Precept of the Catholic Church #5) by means of either the Sunday collection or *firstFruits* giving. For this reason, we expect all families who make use of our Religious Education Program to also be faithful to supporting the parish in this way. Therefore, all families enrolled in the Religious Education program are automatically registered in the parish and are asked to enroll in the *firstFruits* giving program.

St. Patrick Parish is committed to providing religious education and all our service to all our parishioners regardless of their ability to make use of *firstFruits*. Any family who is unable to do enroll in *firstFruits* for a compelling reason is simply asked to email our pastor, Rev. Seán Gann at spparish@optonline.net to explain your specific circumstances.

RELIGIOUS EDUCATION FAMILY ENROLLMENT FORM

\$30/month (minimum suggested Religious Education Offering)
 OR
 Other Offertory Contribution \$ _____
 Please circle Weekly or Monthly

Note: The Religious Education suggested offering of \$30 per month will be collected once a month on the 15th of the month. Other monthly contribution amounts will be debited on the 15th of the month, or the next business day. If you choose weekly, the contribution will be debited on Mondays.

I would like to enroll in the *firstFruits* program. I understand that my total contribution amount will be transferred directly from my checking account or credit card as stated above, a record of my gifts will appear on my bank or credit card statement and my transfers will begin next month. I understand that I can increase, decrease, or suspend my giving at any time by submitting in writing to the parish business office 631-665-5184. *{All gifts provided to your Church originating as Automated Clearing House transactions comply with U.S. law.}*

Signature: **X** _____ Date: _____

Parishioner Name(s): *(please print)* _____
 Street Address: _____
 City/State/Zip Code: _____
 Telephone: _____ E-mail: _____
 Name as you would like it to appear on Offertory Envelopes: _____

Church Envelope #: _____

For Checking Account Debit: Please return your completed form and a copy of your voided check to *firstFruits* Enrollment.
For Credit Card Debit: Please complete the following credit card information then return to *firstFruits* Enrollment. *(Please print).*

Type of Credit Card: VISA MasterCard
 American Express

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____

CSV #: _____
(For VISA and MasterCard it is the 3-digit number located next to the signature box on the back of the card. For American Express it is the 4-digit number on the right of the front of the card.)

“Speak to the Israelites and tell them: When you come into the land which I am giving you, and reap your harvest, you shall bring a sheaf of the first fruits of your harvest as a thanksgiving offering.” Leviticus 23:10

HEALTH INFORMATION

Child's Name: _____

Formation Grade as of September _____

In order to help assure the well-being of our students we will need to know the following health related information for your child/children. Please read carefully the items listed below, and answer all questions. All forms must be signed for registration to be complete

- No Accommodations Necessary Has an IEP Is in Mainstreamed Classroom Is in Self-Contained Classroom

Allergies

If any of your children experience officially diagnosed ongoing allergies, please explain those conditions below. Explain any special restrictions on activities that this condition may necessitate. If you need more space, please attach an extra sheet.

Allergies and Conditions (please be specific) _____

Special Needs

If any of your children experience officially diagnosed ongoing physical, mental, or emotional health problems, such as learning disabilities, fainting, convulsions, stomach upsets, frequent headaches, asthma or respiratory problems, high blood pressure, heart problems, possible reactions to medication, Asperger's, ADHD, or any other condition that we should know about, please explain those conditions below.

- Developmental Delay Emotional Problem _____
 Learning Disabled Neurologically Impaired
 Autism Blind/Hearing Impaired
 Other _____

If your child has a learning disability, please explain:

- Dyslexia ADHD
 Memory/Thinking Disorder Visual/Auditory
 Coordination Deficit Perceptual/Motor Impairment
 Impulsivity Other _____

Medical Information

If any of your child has any medical issues not mentioned above please list below

Please list any other information which might be helpful for the catechist to know



Dear Parents/ Guardians,

Although it is not pleasant to think about, there are people in the world who prey on children. In our attempt to better protect our children, the Child Lures Prevention Program Think First & Stay Safe will be presented to all children in the Religious Education Program in the Diocese of Rockville Centre. The USCCB auditors recognize that, in many cities throughout the country, children enrolled in public school receive mandated child safety training. However, upon investigation of these programs, the auditors found that, all too often, the training was not done or was done insufficiently. Therefore, we require Child Lures Prevention Think First & Stay Safe training for all children who are enrolled in a Religious Education Program in our diocese.

Each year, every child enrolled in a Religious Education program, grades 1-6, in the Diocese of Rockville Centre will receive safety training by the use of the Child Lures Prevention Program. Parents and guardians are given a CHILD LURES PREVENTION THINK FIRST & STAY SAFE PARENT GUIDEBOOK for the purpose of reviewing the topics that are taught to your child in class. Discussion and reinforcement of these topics, at home with your child, serves to make them more aware of dangerous situations and it empowers them to react in a positive way when and if they ever find themselves in such a situation. For further information you may go to:

<https://childluresprevention.com/parent-training-modules> and enter password: 4par3nts

By signing the bottom portion of this notice, you are acknowledging:

- That you have received the Child Lures Prevention Parent Think First & Stay Safe Guidebook and that you have been asked to read it and discuss the topics contained in the book with your child.
- That you understand that a trained Presenter will present this material, in an age-appropriate way to your child on the date/time listed below:
 - Grades 1 & 2 – Saturday, December 7, 2019 at 8:45am
 - Grades 3 & 4 – Monday, December 2, 2019 at 5:00pm
 - Grade 5 – Tuesday, December 3, 2019 at 5:30pm
 - Grade 6 – Tuesday, December 3, 2019 at 7:00pm
- That you are welcome to attend the presentation when it is presented to your child.

I have received my CHILD LURES PREVENTION PARENT THINK FIRST & STAY SAFE GUIDEBOOK. I agree to read this book and discuss the topics in the book with my child. I understand that my child will receive safety training in Child Lures Prevention each year my child is enrolled in our parish Religious Education Program. I also understand that I am welcome to attend these sessions with my child.

Parish: _____

Child's Full Name (Printed): _____

Parent's Full Name (Printed): _____

Parent's Signature: _____ Date: _____