

# NEW REGISTRATION ONLY

## Saint Aloysius Church

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### For Office Use Only

| Session | Room | Class |
|---------|------|-------|
|         |      |       |

### Family Information

|                          |
|--------------------------|
| <b>Mailing Name:</b>     |
| <b>Address:</b>          |
| <b>City, State, Zip:</b> |

|                      |
|----------------------|
| <b>Home Phone:</b>   |
| <b>Emerg. Phone:</b> |
| <b>Family Email:</b> |

### Mother's Information

|           |             |       |
|-----------|-------------|-------|
| Name:     | Maiden:     |       |
| Religion: | Living: Y N | Cell: |

### Father's Information

|           |             |       |
|-----------|-------------|-------|
| Name:     |             |       |
| Religion: | Living: Y N | Cell: |

**Parish of Registration:**  If no, indicate Parish:

Saint Aloysius Church  
935 Bennetts Mills Road  
Jackson, NJ 08527

Custodial Parent:

### Child Information

Current School Attending:

|            |             |         |        |
|------------|-------------|---------|--------|
| Name:      | Nickname:   | Gender: | Grade: |
| Birthdate: | Birthplace: |         |        |

### Baptism Information

|         |                   |
|---------|-------------------|
| Date:   | Faith at Baptism: |
| Parish: |                   |

### Eucharist Information

|         |
|---------|
| Date:   |
| Parish: |

### Reconciliation Information

|         |
|---------|
| Date:   |
| Parish: |

### Confirmation Information

|         |
|---------|
| Date:   |
| Parish: |

### Special Needs: medical, learning disabilities, physical disabilities, custodial issues:

\_\_\_\_\_

#### 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.

The signature below allows the Religious Education Program to provide all information on this form to the Religious Education Staff for Religious Education purposes only.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Date: \_\_\_\_\_

**2017-2018 NEW STUDENT REGISTRATION**

**Saint Aloysius Religious Education  
935 Bennetts Mills Rd, Jackson NJ 08527**

Baptismal Certificate Rec'd \_\_\_\_\_

Transfer Papers Rec'd \_\_\_\_\_

1. Please enroll my child in:  Classroom  Teaching your child at home (Family Faith Formation)  
(Does not apply to 2<sup>nd</sup> & 8<sup>th</sup> grades)
2. Has your child missed any Religious Education grades? Yes ( ) No ( )  
If yes, which grades \_\_\_\_\_
3. Where did your child attend Religious Education last year? \_\_\_\_\_

**Please note: Sacraments require two years of immediate preparation.  
Please circle the desired day and grade.**

| Day       | Time           | Grade           |
|-----------|----------------|-----------------|
| Tuesday   | 4:30 – 5:45 pm | 1 2 3           |
| Tuesday   | 6:30 – 7:45 pm | 2 7 8           |
| Wednesday | 4:30 – 5:45 pm | 1 2 3           |
| Wednesday | 6:30 – 7:45 pm | 4 5 6 8         |
| Thursday  | 4:30 – 5:45 pm | 4 5 6 7         |
| Thursday  | 4:30 – 5:45 pm | Special Needs   |
| Sunday    | 8:30 am        | RCIA - Children |

**REGISTRATION FEES**

**Tuition (1-2 Children): \$135.00/child  
Family Rate (3 or more children): \$300.00 Total  
Sacramental Fee for 2<sup>nd</sup> and 8<sup>th</sup> Grades: \$40.00 each  
There is a 5% administration fee for tuition refunds.**

**THE REGISTRATION DEADLINE IS JUNE 15, 2017.  
REGISTRATIONS WILL NOT BE ACCEPTED AFTER JUNE 15, 2017.**

**VOLUNTEERS ARE ALWAYS NEEDED TO:**

- Share your faith in the classroom each week as a catechist (teacher)  
 Be a classroom aide each week  
 Join the Angel Patrol (hall monitors)

If you wish to share your faith in this way each week, please fill out the information below:

Name \_\_\_\_\_

Phone number \_\_\_\_\_