

**Immaculate Heart of Mary Religious Education Program**

201 Boulevard,  
Scarsdale, NY 10583  
914-723-7593  
IHMSOR@AOL.COM

April 2018

Dear Parents:

How quickly this year is going! We can't believe it is re-registration time again! Please return this form and tuition as soon as possible, but no later than June 1<sup>st</sup>. The tuition for the 2018-2019 school year, in line with the Archdiocesan guidelines and the approval of Monsignor Ferry, will be as follows: \$300.00 for 1 child and \$435.00 for 2 or more children. We expect tuition with your completed form, but if this is a problem please contact the office. Never let money be a deterrent to your child attending our program. Things can always be worked out. Just give us a call.

For each **new student** that you add to your registration form, *please include a **Baptismal Certificate**, even if the child was baptized at IHM.*

PLEASE READ CAREFULLY:

~Registration form and tuition must be returned to the office by June 1<sup>st</sup> in order for your child to be placed in a class for the next catechetical year.

~If the registration form is NOT returned by June 1<sup>st</sup>, there will be a LATE FEE of \$25.00 added to your tuition.

Please give serious consideration to volunteering as a catechist or catechist aide. If you are interested in passing on the faith to the children of the parish, or would like to help in one of the classrooms, or if you would like to make an appointment to sit in on one of the classes to determine whether this is for you, please call us at 723-7593 to further explore sharing your gift of faith. Training is available to anyone who is interested, and tuition is waived for our teachers.

We are working on building up communication through our e-mail system. Please include your e-mail address on the registration form.

Thank you for responding on or before June 1<sup>st</sup>.

Sincerely,

Mrs. Diane Meade  
Coordinator of  
Religious Education

Rev. Thomas A. Lynch  
Pastor

Mr. Nicholas DeGiorgio  
Primary Grade Coordinator

**PLEASE RETURN TO THE RELIGIOUS EDUCATION OFFICE BY JUNE 1, 2018**

IMMACULATE HEART OF MARY  
Parish Religious Education Program  
2018-2019

Church Envelope # \_\_\_\_\_ Check here: **new address** \_\_\_\_\_ **phone** \_\_\_\_\_ **e-mail** \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ Phone Number \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Rel. \_\_\_\_\_ Mother's First & Maiden Name: \_\_\_\_\_ Rel. \_\_\_\_\_

Marital Status \_\_\_\_\_ **E-mail** \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Single Parent Name and Address \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Mother's Cell# \_\_\_\_\_ Father's Cell# \_\_\_\_\_

Children **Returning** Grades K-8:

<u>NAME</u>	<u>2018-19 GRADE</u>	<u>SCHOOL</u>

**Please check here \_\_\_\_\_ and complete reverse side of this form if you are adding a new student.**

TUITION:                                 \$300.00 for 1 child         \$435.00 for 2 or more children

\*There will be a late fee of \$25.00 added to the tuition after June 1<sup>st</sup>.

TUITION IS PAYABLE UPON REGISTRATION         Please make check payable to IHM Religious Ed. Program

I WOULD BE ABLE TO HELP AS:

Class Mother \_\_\_\_\_ Catechist \_\_\_\_\_ Catechist Substitute \_\_\_\_\_ Catechist Aide \_\_\_\_\_

**NEW REGISTRANTS:**

Please fill in information below for children **new** to our program.

First Name _____	School Attending _____
Last Name _____	Grade 2018-2019 _____
____ Male    ____ Female	Illness/Allergy/Medicine: _____
Birth date: _____	_____
Child Lives With: _____	Learning Disability/Special Needs: _____
Alternate Address: _____	_____
_____	

**A copy of the baptismal Certificate must be attached for all new students, including those baptized at IHM.**

<b>Baptism Date:</b> _____	<b>Reconciliation Date:</b> _____
Church: _____	Church: _____
Address: _____	Address: _____
_____	_____

201 Boulevard  
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723-7593  
Fax: 723-7209  
IHMSOR@AOL.COM

# Student Information Record

Family Name \_\_\_\_\_

## Dismissal Instructions

Name of each child  
Enrolled in our program

Grade  
of each child

May Your Child Walk Home without an adult?  
Who may your child go with?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

Special Medical conditions: Please include any special medical conditions, allergies, learning disabilities, difficulty with reading, ADHD, etc.

Name and Grade of each child enrolled in our program that has special needs. Please list the special needs.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

Procedures to be followed if above condition presents an emergency \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In Case of Emergency:  
Persons To Contact If Parent/Legal Guardian Cannot Be Reached:**

First Contact \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone/Beeper \_\_\_\_\_ Relationship \_\_\_\_\_

Second Contact \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone/Beeper \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor for emergency: \_\_\_\_\_ Phone/Beeper: \_\_\_\_\_

Address: \_\_\_\_\_

In case of minor accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. In case of serious accident or illness, I authorize that the representatives of the parish catechetical program call 911 immediately. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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During the year we hold special events: Christmas Pageant, food drives, service projects, Communion, Confirmation. We would like to use pictures, digital images and videos on our website, local newspaper articles, and flyers. No student's name will appear on any materials that are submitted. The form below will be used to document your permission concerning taking photographs of your child in a classroom environment.

### Permission Slip

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I am the parent/legal guardian of the child named above. I have received and read the letter regarding possible photographs/video of my child.

**I DO** give permission to you to include my child's image as he or she participates in Immaculate Heart of Mary Religious Ed. Program.

**I DO NOT** give permission to you to include my child's image.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**April, 2018**

**Dear Parents:**

**As you know, in order to be a part of our Religious Ed. Program, your family must be registered members of Immaculate Heart of Mary Parish.**

**This includes regular attendance at Sunday Mass and financial support of our parish. Please complete the information below and return it with your registration form.**

**Thank you for your cooperation.**

**Sincerely,**

**Mrs. Diane Meade  
Coordinator of  
Religious Education**

**Rev. Thomas A. Lynch  
Pastor**

**Mr. Nicholas DeGiorgio  
Primary Grade  
Coordinator**

**Family Name \_\_\_\_\_**

**Are you a registered member of Immaculate Heart of Mary Parish? \_\_\_\_\_**

**Do you receive church envelopes? \_\_\_\_\_**

**Envelope # \_\_\_\_\_**