

## Welcome to Annunciation-Our Lady of Fatima Religious Education 2019-2020

How to return the completed, signed registration forms with payment:

In-person on Wednesday, Sept 4<sup>th</sup> from 3:30-6pm in the Annunciation Gym  
(enter using the St. Eleanora's door)

or

Mailed to the rectory: 470 Westchester Ave, Tuckahoe, NY 10707 Attn: Religious Ed

or

Dropped in the rectory mailbox at any time

or

Returning students may be registered on the first day of class:

Wednesday, Sept 11<sup>th</sup> for Wednesday students

Tuesday, Sept 17<sup>th</sup> or Thursday, Sept 19<sup>th</sup> for students attending our special needs classes at Pope Francis

For more information:

Consult our website [www.annunciation-fatima.com/religious-education](http://www.annunciation-fatima.com/religious-education)

and

Attend the **Kick-off Meeting** for parents of religious education students on Tuesday, September 17<sup>th</sup> at 7pm in the Annunciation Gym

If you would like to volunteer:

<i>Volunteer Opportunity</i>	<i>Requirements</i>	<i>Details</i>	<i>Contact</i>
Special Needs Catechist (3 are needed)	Experience teaching children with special needs; desire to share your faith	Tuesdays from 4:30-5pm or Thursdays from 5:15-6pm	Doreen Napolitano doreen.napolitano@annunciation-fatima.com
4 <sup>th</sup> Grade Catechist	Ability to share your faith with children and interest in teaching	Wednesdays from 3:30-5pm	Mary Rose mary.rose@annunciation-fatima.com
Classroom Assistants (Adult or high school student)	Eagerness to help and desire to model your faith to others	All days and times listed above	Mary Rose mary.rose@annunciation-fatima.com
Kindergarten Catechists and helpers	Experience working with young children and excitement to participate in a new program	Sundays from 10-11am from Oct 20 <sup>th</sup> -Nov 17 <sup>th</sup>	Mary Rose mary.rose@annunciation-fatima.com

### Announcing Sunday Religious Ed for Kindergarteners

5-week pilot program beginning Sunday October 20<sup>th</sup> and ending Sunday November 17<sup>th</sup>

Classes will be held on Sunday mornings from 10-11am at Annunciation

Enrollment is limited – please e-mail Mary Rose at [mary.rose@annunciation-fatima.com](mailto:mary.rose@annunciation-fatima.com) if interested

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**2019-2020 Registration Form**

2018-19 Parish Contribution still owed: \$ _____
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office use			
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**FAMILY NAME:** \_\_\_\_\_ **Parish Envelope Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Primary Phone for contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

CHILD'S FIRST & LAST NAME	*NEW Y/N	GRADE	M/F	Date of Birth	SCHOOL ATTENDING	REL ED SESSION (Wed 3:30pm, Wed Eve or other)

***\*For NEW STUDENTS: Please attach a copy of the new student's Baptismal Certificate.  
 New students cannot be enrolled without a copy of the baptismal certificate.***

Children reside with: \_\_\_\_\_  
 (e.g. Mother & Father, Mother, Father, Other – Specify)

Is there an order to limit access to the non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name parent substitute(s) who will transport children to and from Religious Education:**

FIRST & LAST NAME OF PARENT SUBSTITUTE:	Relationship to child(ren):	Cell:

Please identify any special learning needs or accommodations required. Please be specific by child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In Case of Emergency (Person to Contact If Parent/Legal Guardian Cannot Be Reached):**

**(Give contact information specific to time of Religious Education Session.)**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Doctor for Emergency:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Religious Education Program Fees:**

- 1 child        \$525 (\$225 registration fee plus \$300 annual contribution to the parish)
- 2 children    \$610 (\$310 registration fee plus \$300 annual contribution to the parish)
- 3 or more     \$675 (\$375 registration fee plus \$300 annual contribution to the parish)

***Please pay program fees at time of registration.***

Registration fee payment: Amount: \_\_\_\_\_ Pay by check (check #: \_\_\_\_\_)  
Pay online (date: \_\_\_\_\_)  
Pay cash (date: \_\_\_\_\_)

\$300 Annual contribution payment                      Pay using Sunday envelopes (Envelope # \_\_\_\_\_)  
*Envelope payment to total at least \$300 between 9/1/19 and 8/1/20*  
Pay online (date : \_\_\_\_\_)  
Pay by check (check #: \_\_\_\_\_)  
Pay by cash (date: \_\_\_\_\_)

*On-line payment available at [www.annunciation-fatima.com/religious-education/fee-payments](http://www.annunciation-fatima.com/religious-education/fee-payments)*

(Additional fees for sacraments are due Mar 13, 2020: \$100 for First Communion, \$150 for Confirmation)

***Please read and sign below***

I understand that in case of an emergency, "911" will be called and an ambulance may be called by the Director of Religious Education or her designate.

In case of 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. 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.

My signature also signifies that I have read the Parent Handbook ([www.annunciation-fatima.com/religious-education](http://www.annunciation-fatima.com/religious-education)) and agree to its contents.

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

**Medical Conditions and Allergy Sheet for \_\_\_\_\_ Family**

*This page must also be signed by parent or guardian.*

**Special Medical Conditions, if any:** (Please list by child) *Please list allergies in allergy section below.*

Child's First & Last Name: \_\_\_\_\_ Grade \_\_\_\_\_

Condition & procedures to be followed if this condition becomes an emergency:

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

Child's First & Last Name: \_\_\_\_\_ Grade \_\_\_\_\_

Condition & procedures to be followed if this condition becomes an emergency:

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

**Agreement to be used in Case of a Child with Allergies**

Child's Full Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

List allergies:

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

Course of action to be followed if allergy presents an emergency condition:

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

**Parent and Director of Religious Education agree on the following course of action:**

What medication will be administered? \_\_\_\_\_

Who will administer medication?

\_\_\_\_\_  
*(Name of Person)*

\_\_\_\_\_  
*(Role of Person)*

Where will this medication be kept so as to be readily available?

\_\_\_\_\_  
What other actions will be taken?

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

By Whom? \_\_\_\_\_

***Whenever emergency medication is administered, "911" will be called without exception.***

I hereby consent to, and authorize the necessary procedures that have been stated above.

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

Director of Religious Education Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Any other person involved: \_\_\_\_\_ Date \_\_\_\_\_

