



St. Rose of Lima Parish

Religious Education Office
50 Short Hills Avenue
Short Hills, New Jersey 07078-2529
Phone 973-376-1960 Fax 973-376-3818

June 2016

Dear Families,

We are delighted to welcome you and your child to the St. Rose of Lima's Religious Education Program! To register for classes, simply complete and return the enclosed New Student Registration Form to the address above with a copy of their baptismal certificate. Class assignment is on a first-come, first-serve basis so please return your form promptly in order to ensure your preferred day. If you have any questions at all, please call me at 973-376-1960 ext. 3959.

Forming our children in our faith is one of the most important priorities of parenting! The Religious Education Program at St. Rose supports your parental efforts to foster the faith development and growth of your child in our Catholic faith. To help you discuss and teach our Catholic faith to your children we offer:

- Our ever-popular "Family Enrichment Events" (families come together to learn about different topics via fun activities).
- Religious Education classes to supplement faith development within our families
- Additional printed and online materials (Be My Disciples web, newsletter, Gospel Weekly supplements, etc.)
- Family attendance at weekly Sunday Mass as the strongest demonstration of your faith commitment to your children.
- Supplemental Activities Book "What the Church Believes & Teaches" to spark faith discussions at home
- Parent Meetings on various topics of faith and family

Included with the registration form is a description of a variety of opportunities for volunteering. Please fill out the EPV form (Every Parent Volunteers) and return it with your registration form. We have a large program and need everyone to help! Each family is expected to volunteer a minimum of one hour per child per year. Thankfully, we are blessed and enthusiastically welcome those who volunteer many more hours than our minimum requirement. However, we still need the assistance of each and every family to run the program effectively. Thank you in advance for your support!

We are each uniquely called by God to serve His Church in different ways. Please consider if God is calling you to be one of our catechists. It's also a great refresher in your own faith; as a catechist you receive a sense of fulfillment and also use your different gifts to help others! We provide support throughout the year and will walk with you each step of the way. *For those who are catechists we offer a tuition reduction of the fee for one student. For those who co-teach we offer a tuition reduction of ½ of the fee for one student.*

Please do not let financial considerations ever prevent you from registering your child. Call me to arrange a scholarship or confidential alternative if finances are an issue as *Faith Education Is Our Priority!* Classes start the week of Sept. 18th. You will receive a parental handbook and calendar prior to that. Thank you and I look forward to welcoming you and your child personally.

Working together with you to help your family continue to grow in our Catholic faith,

Deacon Michael Wojcik
Director of Religious Education, K-5

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SAINT ROSE OF LIMA
RELIGIOUS EDUCATION PROGRAM

For Office Use # _____
Date Received: _____
Check No.: _____
Amount: _____

2016-2017 NEW STUDENT Registration Form
For K through 5th Grade

This form is to be used to register children who have not attended our program, including younger siblings of students already attending the program. Two years of Religious Education are required for sacramental preparation. Please use ONE form for each new student.

For the 2016-2017 school year we are offering religious instruction classes as follows:

<u>Kindergarten – on Sunday Only</u>	
<u>1st through 5th Grade - (Weekly)</u>	
Sunday	10:00-11:00 am <u>or</u>
Monday	4:00 - 5:00 pm <u>or</u>
Tuesday	4:00 - 5:00 pm

Class placements are on a first come, first served basis, unless special arrangements are necessary to better accommodate all.

Family Name _____

Child's Last Name (if different) _____

Family Address _____

Home Phone # _____

Email Address: _____ Facebook (if applicable): _____

Child's Name (M/F) Grade in 9/16 Day Requested School Attending Fall 2016

Previous Religious Instruction: Dates: _____ Church: _____ Town/State _____

Please print clearly. It is your responsibility to advise us of any change to your email address or server.

All information throughout the year will be communicated to you via email from reled@stroseshorthills.org.

<u>SACRAMENTAL INFORMATION</u> (A copy of the child's Baptismal Certificate MUST accompany this Registration Form)	
Child's Date of Birth _____	Place of Birth _____ (City/State)
Baptism: Date _____	Church _____
City/State _____	
Eucharist: Date _____	Church _____
City/State _____	

Is your family currently registered at St. Rose of Lima parish? ____yes ____no

How often do you normally attend Mass in a month? _____

FAMILY INFORMATION

Father (Full Name): _____ Occupation _____

Religion _____ If this parent is a member of another faith what Church/Temple does he attend? _____

Living at home? Yes No Divorced Separated Deceased If divorced, custodial parent? Yes No

Mother: _____ (Maiden Name) _____ Occupation _____

Religion _____ If this parent is a member of another faith what Church/Temple does she attend? _____

Living at home? Yes No Divorced Separated Deceased

Name of Step-Parent child lives with (if applicable) _____

Name of Guardian (if applicable) _____ Relationship: _____

Volunteering: Everyone has a talent to share. Besides being hall monitors, all parents are expected to participate in the Religious Education Program. St. Rose of Lima Parish could not offer this Program without the dedicated help of our students' parents. Please prayerfully consider how you might donate your time during this year in one or more of the following ways:

Please indicate day/time that might be best for you on the line before the one you are offering to help with:

<u>Day/Time</u>	<u>Day/Time</u>	<u>Day/Time</u>
_____ Talent (arts, crafts, music, computer graphic)	_____ Office Help	Family Events: <i>Circle One: Décor, Setup, or Publicity for:</i>
_____ Substitute Catechist	_____ Service Projects	_____ Advent Day/Café Night (Nov. 19)
_____ Co-Catechist	_____ Class Projects	_____ Advent Wreath Making (Nov.26 &/or 27)
_____ Catechist	_____ First Eucharist/Reconciliation	_____ Lenten Day (March 11)
	(Not limited to parents of First Eucharist children)	_____ Waywalkers (Stations of the Cross)
		(Waywalkers is on 3/3, 3/10, 3/17, 3/24, 3/31or 4/7)

Tuition:

for one (1) child;	\$300.00
for two (2) children	\$600.00
for three or more (3+) children	\$750.00

Sacramental Fee: \$150.00 for each student preparing to receive First Reconciliation and First Eucharist.

This applies to all Second Graders and all older children preparing for their first reception of the Sacraments of Reconciliation and Eucharist.

The Sacramental Fee covers the cost of additional textbooks, programs and other materials the child receives during the year.

THIS FINANCIAL COST REFLECTS THE QUALITY PROGRAM WE OFFER; YET IT IS NOT MEANT TO PROHIBIT ANYONE FROM

ATTENDING. PLEASE CONTACT DEACON MICHAEL WOJCIK @ 973-376-1960 EXT 3959 TO DISCUSS ANY PARTICULAR NEEDS.

Payment is due at time of registration. Please speak to us regarding financial considerations if necessary.

Please make checks payable to: **St. Rose of Lima**

TOTAL TUITION DUE: (# of Children _____) \$ _____

SACRAMENTAL FEE, if applicable: (\$150) \$ _____

TOTAL PAID: \$ _____

Signature of Parent : _____ Date: _____

Please mail to: **Saint Rose of Lima Religious Education Office**
50 Short Hills Avenue
Short Hills, New Jersey 07078

SRL Religious Education NEW STUDENT EMERGENCY CONTACT INFORMATION

In the event of minor illness/accident, early dismissal, other changes in class routine, unreported absence, or behavioral concerns, I request that the Religious Education staff contact me using the information provided on this form. If the staff is unable to reach me, I hereby authorize them to contact the adults listed below, who may assume temporary care of my child.

Family / Student Name: _____

Address: _____

In the event of an emergency please check which parent we should contact first:

Mother Phone # to call first _____ # to call second _____

Father Phone # to call first _____ # to call second _____

Mother's Information

Father's Information

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Bus Phone: _____

Bus Phone: _____

Cell Phone: _____

Cell Phone: _____

Other Phone: _____

Other Phone: _____

Facebook: _____

Facebook: _____

Emergency Contact 1 Information

Emergency Contact 2 Information

Name: _____

Name: _____

Relation to child: _____

Relation to child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Bus Phone: _____

Bus Phone: _____

Cell Phone: _____

Cell Phone: _____

Other Phone: _____

Other Phone: _____

A Religious Education Parents' Handbook & Calendar as well as other materials will be mailed to you prior to the start of the new academic year.

We start the week of Sept.18th this year.

We want to provide the best possible learning environment and sensitivity for your child that we can. We ask that you let us know about any physical, perceptual, intellectual or emotional conditions which may affect your child’s classroom participation so that we might attempt to accommodate their needs as best as possible and ensure a learning environment is maintained for all students.

If you would like to make an appointment to speak directly to the Director of Religious Education, call 973-376-1960 & check here .

Please list any special educational needs or health concerns for your child:

Special Educational Needs or background information that would help us in educating and socially engaging your child:

Health Concerns and/or allergies: _____

Medication(s) and dosage child is currently taking: (Please list below)

Name of Medication: _____ Dosage: _____ Taken: ____ Daily ____ As needed

Name of Medication: _____ Dosage: _____ Taken: ____ Daily ____ As needed

In case of accident or serious illness, I request that the Religious Education Staff of Saint Rose of Lima contact me using the authorization provided on this form. If the staff is unable to reach me, I hereby authorize the Religious Education Staff of Saint Rose of Lima to call the physician indicated below and to follow his or her instructions. If it is impossible to reach this physician the Religious Education Staff of Saint Rose of Lima may make any and all appropriate arrangements deemed necessary, including transporting my child to an emergency room by means of an ambulance.

Name of Physician/Medical Group: _____

Phone Number of Physician: _____

Name of Parent/Guardian: (please print) _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINT SIGNATORY’S NAME: _____