

# St. Lawrence O'Toole and Sacred Heart

## 2022-2023 Family Registration Form

(Submit to Saint Lawrence O'Toole Church)

### St. Lawrence O'Toole

ATTN: Religious Education  
 31 Prospect Street  
 Brewster, NY 10509  
 Phone: 845-279-6098—text 845-280-2397  
 Email: familyprogrambrewster@gmail.com

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

### Registration Fees St. Lawrence/Sacred Heart

Payments should be made to your Home Parish either by check or online at [stlawrenceotoole.churchgiving.com](http://stlawrenceotoole.churchgiving.com) or [sacredheartpattersonny.churchgiving.com](http://sacredheartpattersonny.churchgiving.com)

One Child (\$250) 2 Children (\$275) 3+ (\$300)  
 First Communion Fee: \$ 50 per child \_\_\_\_\_  
 Confirmation Fee: \$100 per child \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_

If payment cannot be made in full, we will accept a payment Plan: 50% at time of registration, 50% to be rec'd by Jan '22

### Office Use:

Other or Balance Due \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Catechist Discount (-\$25) \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

Date Form Rec'd: \_\_\_\_\_

### Payments Received

Date	Check #	Check Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Outstanding Balance \$ \_\_\_\_\_ Paid in Full \_\_\_\_\_

**IMPORTANT!** If you are registering your child for the first time, please email us at [familyprogrambrewster@gmail.com](mailto:familyprogrambrewster@gmail.com) with a copy of your child's Baptismal Certificate and any previous religious education records. Please also fill out the [New Student Form and Register as a Parishioner](#) by visiting us here: [www.stlawrenceotoole.org/Religious\\_Ed](http://www.stlawrenceotoole.org/Religious_Ed)

Child's Name	Circle M or F	School Attending this September/ Grade	Rel. Educ. Grade	Church you are registered at	Check any Disabilities Physical/Learning or Developmental			Medical Concerns? Check below & explain on back	Sacraments Received Baptism? First Communion?
					Phys.	L	Dev.		

## FAMILY PROGRAM

For Children in grades 1<sup>st</sup> to 4<sup>th</sup>. Fully in person.

We have 3 program requirements this year.

1- Weekend Mass (ccd lessons during mass twice a month, no pre-registration required)

2- Family Program (once a month. Check SignUp for select your preferred session)

3- Special Events (4 a year. Check SignUp for select your preferred session)

For questions, please email us at [familyprogrambrewster@gmail.com](mailto:familyprogrambrewster@gmail.com) or text (or call) 845-280-2397.

**For the Family Program and Edge calendar, scan code below or visit [www.stlawrenceotoole.org/Religious\\_Ed](http://www.stlawrenceotoole.org/Religious_Ed)**

**EDGE: INCLUDES IN-PERSON LESSONS, XLT, RETREATS AND COMMUNITY SERVICE PROJECTS. Fully in person.**

5th grade	Meets evenings, once a week.
6th, 7th, 8th grades	Meets two evenings a month.
Catch-Up and RCIA 8th grade and above	Meets two evenings a month.



## 2022-2023 Student Information Record

**Family Name:** \_\_\_\_\_ **Marital Status:** Married/Separated/Divorced/Widowed/Single

**Children's Doctor:** \_\_\_\_\_  
Name Phone number

**Emergency contact:** \_\_\_\_\_  
(If Parent cannot be reached) Name Phone number Relationship

<b>FATHER/Stepfather/Guardian:</b>	<b>MOTHER/Stepmother/Guardian:</b>
<b>First/Last Name:</b>	<b>First/Last Name:</b>
<b>Cell Phone #:</b>	<b>Cell Phone #:</b>
<b>Work Phone #:</b>	<b>Work Phone #:</b>
<b>Email address for reminders:</b>	<b>Email address for reminders:</b>
<b>Business Address:</b>	<b>Business Address:</b>
<b>Occupation:</b>	<b>Occupation:</b>

**Authorized Pick-ups: (other than parents)** \_\_\_\_\_  
 Please print names \_\_\_\_\_

**Complete a box below for each child registered in our Religious Education Program**

**Child #1:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **No Medical Concerns**  
**Medical Condition:** \_\_\_\_\_ **Emergency Procedure for this condition:** \_\_\_\_\_  
 \_\_\_\_\_  
**Other Concerns:** \_\_\_\_\_

**Child #2:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **No Medical Concerns**  
**Medical Condition:** \_\_\_\_\_ **Emergency Procedure for this condition:** \_\_\_\_\_  
 \_\_\_\_\_  
**Other Concerns:** \_\_\_\_\_

**Child #3:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **No Medical Concerns**  
**Medical Condition:** \_\_\_\_\_ **Emergency Procedure for this condition:** \_\_\_\_\_  
 \_\_\_\_\_  
**Other Concerns:** \_\_\_\_\_

**Child #4:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ **No Medical Concerns**  
**Medical Condition:** \_\_\_\_\_ **Emergency Procedure for this condition:** \_\_\_\_\_  
 \_\_\_\_\_  
**Other Concerns:** \_\_\_\_\_

**In Case of Emergency – Accident/Injury:**

In case of accident/injury, 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 this is not possible, I authorize the representative of the parish catechetical program to make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

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

**Parents' Pledge: (Please read and sign)**

As the first and foremost Catechist of my children, I recognize that weekly Mass attendance is the foundation of our faith, and realize that the Religious Education Program can reinforce, but not replace, the parents' role in the faith formation of their children. Therefore,

- I will ensure that we attend Mass weekly;
- I will make Religious Education class attendance a priority;
- I will follow the Parent Guidelines

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