

St. Valentine Religious Education Office (973) 743-6122
125 No. Spring St., Blmfd., NJ 07003

Pymt. ENCLOSED: Cash ___ Check ___
 Note:

[For Office Use only: ___Bapt.Cert. / FCC ___ OR 2YC ___]



2018-2019 RE-REGISTRATION FORM



(LAST GRADE ATTENDED: _____)

(Please register ONE CHILD PER FORM - photocopy if necessary/Do **NOT** use for **NEW** STUDENTS)

1. Are you *currently* a **registered** parishioner of St. Valentine's? ___Yes ___No
(If no, be advised that this is a pre-requisite for attendance in this program)
2. **REGISTRATION FEE should accompany this form** (*Checks are payable to St. Valentine Church)
\$85 for one child / \$125 for two / \$155 for three (\$25 each ADDITIONAL child)

(There is a **\$20 late fee per family** for any re-registrations sent **after June 1st**;
kindly **include late fee** with payment if you are submitting this form **after June 1st**.)

NOTE: If your **address or phone number HAS CHANGED** from last year, please **check off box**

(Please PRINT clearly – It is important that you **notify us immediately** of any address or phone number changes)

STUDENT

INFORMATION	_____	_____	_____
	Last Name	First Name	Home Phone
_____	_____	_____	_____
Street Address (include apartment # if applicable)	Town	Zip Code	
Date of Birth: (___ / ___ / ___)	_____	_____	_____
Mo./Day/Yr.	City/Town	State	Country
_____ / _____	& _____ / _____		
Father's Full Name	Religion	Mother's First & Maiden Names	Religion

		Mother's Full CURRENT Name	

(Classes are on **SUNDAY, following the 10 AM Mass (11AM to 12:15PM)**)

Please **CIRCLE grade level** that student will enter in the **coming school year**

2 3 4 5 6 7 8

OVER

[Please **COMPLETE BOTH SIDES** of this form]

Public School student attends: _____ **Town:** _____

➔ **Grade:** _____ (that student is entering in SEPT. - OR - if school is *already* in progress, current grade.)

• **With whom does the child reside?** (Name) _____

(Relationship) _____

• **Telephone where parent/guardian can be reached during the day (other than home phone):**

Name: _____ **Work:** _____ or **Cell:** _____

(OPTIONAL) **EMERGENCY CONTACT** / Other than parent

(Name & Relationship) _____ : (Phone) _____



(Kindly complete the following – it is helpful to us as educators)

• **Special needs (particularly educational) of which we should be aware?** _____ yes _____ no

If yes, please explain: _____

• **Any medical conditions or food allergies of which we should be aware?** _____ yes _____ no

If yes, please elaborate: _____

☺ **PARENTS:** **IF you are able to lend a helping hand on Sunday**
(while the class is in session)

OR

IF you can spare some time on a weekday --

Please check the appropriate box and you will be contacted.

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