

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 \_\_\_]



## 2019-2020 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 / \$135 for two / \$175 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.)

<ul style="list-style-type: none"><li>• <b>With whom does the child reside?</b> (Name) _____ (Relationship) _____</li><li>• <b>Telephone where <u>parent/guardian</u> can be reached <u>during the day</u> (other than home phone):</b> Name: _____ Work: _____ or Cell: _____ (OPTIONAL) <b>EMERGENCY CONTACT / Other than parent</b> (Name &amp; Relationship) _____ : (Phone) _____</li></ul>
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(Kindly complete the following – it is helpful to us as educators)

<ul style="list-style-type: none"><li>• <b><u>Special needs</u> (particularly educational) of which we should be aware?</b> _____ yes _____ no <i>If yes, please explain:</i> _____ _____ _____</li><li>• <b><u>Any medical conditions or food allergies</u> of which we should be aware?</b> _____ yes _____ no <i>If yes, please elaborate:</i> _____ _____</li></ul>
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☺ **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.*

<p align="center"><b><u>For Office Use Only:</u></b></p>
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