

RE-REGISTRATION FORM (RETURNING STUDENT)

SAINT GENEVIEVE'S

RELIGIOUS EDUCATION PROGRAM K- 8TH

209 PRINCETON ROAD, ELIZABETH, NJ 07208

908-355-1584

CATECHETICAL SCHOOL YEAR

2020-2021

Sunday Class Schedule

9:20 AM to 10:20 AM

Followed by the 10:30 AM Mass

STUDENT'S NAME:

LAST

FIRST

MID

BIRTHDAY

(M D Y)

GRADE

FALL 2020

SACRAMENT YOUR CHILD

NEEDS TO RECEIVE

(You may add the name of a younger sibling who is entering for the first time. Kindly attach a copy of your child's Baptismal Certificate if your child was baptized or a copy of Birth Certificate if the child is not baptized.)

PARENTS INFORMATION:

Are you registered in St. Genevieve's Parish? Please check: Yes () No () If not, please register.

FATHER'S NAME

MOTHER'S FULL MAIDEN NAME

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

EMERGENCY NUMBERS

CONTACT PERSONS: PLEASE CHECK: FATHER () MOTHER () OTHER ()

NAME

RELATIONSHIP

PHONE NUMBER

OTHER INFORMATION NEEDED:

- Do you permit us to publish your child's pictures taken in class for Religious Education Office use only such as presentation, newsletter, and calendar? Yes _____ No _____
- If your child has special medical needs and condition such as allergies to food/medicine and other medical issues that need attention, the office must be notified immediately.
Explain briefly _____
- If you wish to volunteer your time in the Catechetical Ministry, please check the area you are interested:
Teacher _____ Teacher's Assistant _____ Substitute Teacher _____ Office Helper _____

AUTHORIZED PERSONS TO PICK UP YOUR CHILD FROM SCHOOL:

Names

Relationship

Phone Number

REGISTRATION FEE: \$55.00 FOR 1 CHILD \$ 85.00 FOR 2 \$105.00 FOR 3 OR MORE

Sacramental Fee for First communion \$40.00

Please issue your payment by check or money order to: ST. GENEVIEVE'S CHURCH

PARENT'S SIGNATURE: _____

DATE: _____

OFFICE NOTES: REGISTRATION FEE: _____

AMOUNT PAID _____

BALANCE _____

CHECK/ RECEIPT NUMBER _____

Date: _____

REGISTRATION FORM (NEW STUDENT)

ST. GENEVIEVE'S

RELIGIOUS EDUCATION PROGRAM K- 8TH

209 PRINCETON ROAD, ELIZABETH, NJ 07208

908-355-1584

CATECHETICAL SCHOOL YEAR

2020-2021

SUNDAY CLASS SCHEDULE

9:20 AM TO 10:20 AM

FOLLOWED BY THE 10:30 AM MASS

STUDENT'S NAME

(Last)

(First)

(Middle)

Address

(Street, City, State, & Zip Code)

Home Phone

Emergency Phone No

Date of Birth

Email Address

Date of Baptism

Church/Location

Date of First Communion

Church/Location

Public School Attending in Fall 2020

Grade

(City & County)

PARENTS INFORMATION:

Are you registered in St. Genevieve's Parish? Please check: Yes () No () If not, please register.

FATHER'S NAME

Marital Status: Please check:

Married

Single

Divorced

Religion

Occupation

Other Address

Work Phone No.

MOTHER'S FULL MAIDEN NAME

Marital Status: Please check:

Married

Single

Divorced

Religion

Occupation

Other Address

Work Phone

CONTACT PERSONS:

PLEASE CHECK: FATHER ()

MOTHER ()

OTHER ()

NAME

RELATIONSHIP

PHONE NUMBER

OTHER INFORMATION NEEDED:

- Did your child receive previous religious instructions? No Yes Number of Years Catholic School/ Parish/ Location
- Which Sacrament you wish your child to receive? Please check: Baptism First Communion
- Do you permit us to publish your child's pictures taken in class for Religious Education Office use only such as presentation, newsletter, and calendar? Yes No
- If your child has special medical needs and condition such as allergies to food/medicine and other medical issues that need attention, the office must be notified immediately. Explain briefly
- If you wish to volunteer your time in the Catechetical Ministry, please check the area you are interested: Teacher Teacher's Assistant Substitute Teacher Office Helper

AUTHORIZED PERSONS TO PICK UP YOUR CHILD FROM SCHOOL:

Names

Relationship

Phone Number

REGISTRATION FEE: \$55.00 FOR 1 CHILD \$85.00 FOR 2 \$105.00 FOR 3 OR MORE

Sacramental Fee for First Communion \$40.00

Please issue your payment by check or money order to: ST. GENEVIEVE'S CHURCH

PARENT'S SIGNATURE:

Date:

OFFICE NOTES: REGISTRATION FEE:

AMOUNT PAID

BALANCE

CHECK/ RECEIPT NUMBER

RECEIVED BY:



St. Genevieve's Religious Education Office
209 Princeton Road, Elizabeth, NJ 07208
908-355-1584
sgcreeduc@outlook.com

REGISTRATION FORM
Confirmation Program 2020-2021
For High School Students

Student's
Name _____
Last First Middle

Address _____
Street City State/Zip Code

School attending in Fall 2020

Name of School & Location

Date of Birth _____ Grade _____

Date of Baptism _____

Church & Location _____

Date of First Communion _____

Church & Location _____

Home Phone _____ Emergency Number _____

Parents Information: Marital Status: Please check: Married _____ Single _____ Divorced _____

Father's Name _____

Religion _____ Emergency Phone _____

Other Address _____

Mother's Full Maiden Name _____

Religion _____ Emergency Phone Number _____

Contact Person _____ Relationship _____

Home Phone Number _____ Emergency Phone _____

Email Address _____

Parent's Signature _____ Date _____

Candidate's Signature _____ Date _____

Please Note: Copies of Baptism and First Communion Certificates are required upon registration except for students who received First Communion in St. Genevieve's Church.

Office Notes:

Confirmation Fee \$100.00 Check/Receipt Number _____

Amount Paid _____ Date _____

Balance

PAYMENT BY CHECK OR MONEY ORDER IS PAYABLE TO ST. GENEVIEVE'S CHURCH