

1. BASIC INFORMATION

Family's Last Name: _____

Religious Education information will be mailed to this address (Student's Address)

Family's Home Address: _____

City: _____ State: _____ Zip: _____

PARISHIONER REGISTRATION NUMBER _____

NOT REGISTERED, I agree to become a Parishioner of St. Vito ~ Most Holy Trinity

Parental Marital Status Married Widow Single Divorced

Catholic Marriage Date: ____/____/____ Civil Marriage

3. FATHER Date of Birth ____/____/____
Month Day Year

First Name: _____ M.I. _____

Last Name: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Religion: Catholic Other _____

E-mail Address: _____

5. PICK-UP INFORMATION (OTHER THAN PARENT)



MY CHILD(REN)

- will walk home: _____
Signature Authorization
- can be picked up by emergency contact's:
- can be picked up by the following:

Name: _____

Phone Number: (____) _____

Relationship to Child (ren): _____

Name: _____

Phone Number: (____) _____

Relationship to Child (ren): _____

2. 2nd EMERGENCY CONTACT (Must be someone other than parents)



Contact Name: _____

Emergency Contact Phone: (____) _____

Relationship to Child (ren): _____

3rd Emergency Contact Name: _____

Emergency Contact Phone: (____) _____

Relationship to Child (ren): _____

4. MOTHER Date of Birth ____/____/____
Month Day Year

First Name: _____ M.I. _____

Maiden Last Name: _____
(Maiden Name is used for Certificate purposes only)

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Religion: Catholic Other _____

E-mail Address: _____

6. MEDICAL LIABILITY RELEASE In case of accident or illness, 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 it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangement seem necessary.

I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

 Parent/Guardian Signature

 Date



Date ____/____/____ Registered by _____

CCD Placement Tuition Invoice Permanent Record Card

Notify Now (Alert System) DP Murphy (Envelopes)

CHILD 1
 Child's Name: _____
 Middle Name: _____
 Last Name: _____
 Birth Date: _____/_____/_____ M F
 City of Birth: _____
 School Grade: 1 2 3 4 5 6 7 8 9 10 11 12
 Name of School: MAS Central F.E Bellows Daniel Warren
 Hommocks M.S Rye Neck M.S MHS Rye Neck H.S

IF NOT LISTED ABOVE School Attending 2021-2022
Last grade completed in Religious Education _____
(If Attended another Parish/School R.E Program, Where?)
 Name: _____
CHILD 1 - SACRAMENT INFORMATION
(List the dates and the names of Catholic Churches for the Sacraments if applicable)
 Baptism Date: _____
 Church: _____
 City: _____ State _____ Zip _____
 1st Eucharist Date: _____
 Church _____
 City: _____ State _____ Zip _____
(If Childs Physicians is the same for all children please fill one box only)
CHILD 1 - MEDICAL INFORMATION
 Student's Physician: _____
 Physician's Phone: (_____) _____
 Allergies: _____
 Other Medical Concerns: _____

PLACEMENT: Regular Instruction Sacrament Grade: _____
ON FILE: Birth Cert. Baptism Cert. Communion Cert.
SACRAMENT NEEDED: Baptism Communion

CHILD 2
 Child's Name: _____
 Middle Name: _____
 Last Name: _____
 Birth Date: _____/_____/_____ M F
 City of Birth: _____
 School Grade: 1 2 3 4 5 6 7 8 9 10 11 12
 Name of School: MAS Central F.E Bellows Daniel Warren
 Hommocks M.S Rye Neck M.S MHS Rye Neck H.S

IF NOT LISTED ABOVE School Attending 2021-2022
Last grade completed in Religious Education _____
(If Attended another Parish/School R.E Program, Where?)
 Name: _____
CHILD 2 - SACRAMENT INFORMATION
(List the dates and the names of Catholic Churches for the Sacraments if applicable)
 Baptism Date: _____
 Church: _____
 City: _____ State _____ Zip _____
 1st Eucharist Date: _____
 Church _____
 City: _____ State _____ Zip _____
(If Childs Physicians is the same for all children please fill one box only)
CHILD 2 - MEDICAL INFORMATION
 Student's Physician: _____
 Physician's Phone: (_____) _____
 Allergies: _____
 Other Medical Concerns: _____

PLACEMENT: Regular Instruction Sacrament Grade: _____
ON FILE: Birth Cert. Baptism Cert. Communion Cert.
SACRAMENT NEEDED: Baptism Communion

1 Child- \$185 2 Children- \$235 3 Children- \$255 4 Children- \$275 1st Com. \$100 _____ Conf. \$125 _____

| DATE PAID | AMOUNT DUE | AMOUNT PAID | BALANCE | CHECK # / CASH | RCV BY |
|-----------|------------|-------------|---------|----------------|--------|
| | \$ | \$ | \$ | # | |