



# Saints John and Paul Parish School of Religion

280 Weaver Street, Larchmont, NY 10538

914-834-4597 [jshea@sjpparish.org](mailto:jshea@sjpparish.org)



## **Re-Registration Form for 2018-2019**

### Instructions:

- This form is only for re-registration.
- Complete both sides, attach your check and send in by stamped **US Mail by June 30**. Do not email or “drop off”.

SS John and Paul Religious Education

280 Weaver Street

Larchmont, NY 10538

- **Please Note:** All families in our Religious Education Program must be registered and contributing (weekly or monthly) members of Saints John and Paul Parish. Applications will not be accepted unless the ***We Share*** account numbers are provided.

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

**Child’s Name:** \_\_\_\_\_ Grade entering 2018: \_\_\_\_

**Child’s Name:** \_\_\_\_\_ Grade entering 2018: \_\_\_\_

**Child’s Name:** \_\_\_\_\_ Grade entering 2018: \_\_\_\_

**Child’s Name:** \_\_\_\_\_ Grade entering 2018: \_\_\_\_



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## REGISTRATION FEES

Please make check payable to Saints John and Paul Parish.

|                    |              |
|--------------------|--------------|
| 1-Child            | <b>\$335</b> |
| 2-Children         | <b>\$460</b> |
| 3 or more children | <b>\$640</b> |

**Check Number and date** \_\_\_\_\_

**We Share** On Line Giving account number \_\_\_\_\_ (Required)

Any allergies or other medical conditions, please explain below.

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## **2018-19 FAMILY EMERGENCY FORM**

[ NOTE: All blanks must be completed in order to ensure your child's registration.]

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

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

| First Name | Grade | First Name | Grade |
|------------|-------|------------|-------|
| 1. _____   | _____ | 3. _____   | _____ |
| 2. _____   | _____ | 4. _____   | _____ |

MOTHER'S First and Last Name: \_\_\_\_\_

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

FATHER'S First and Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/: \_\_\_\_\_

In case of emergency and parent is not available, contact one of two:

1. \_\_\_\_\_

| Name     | Relationship to Family | Phone |
|----------|------------------------|-------|
| 2. _____ |                        |       |

| Name | Relationship to Family | Phone |
|------|------------------------|-------|
|------|------------------------|-------|

Child's Physician: \_\_\_\_\_

| Name | Phone |
|------|-------|
|------|-------|

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_