



Saints John and Paul Parish School of Religion

280 Weaver Street, Larchmont, NY 10538

914-834-4597 jshea@sjpparish.org



Transfer Students Grades 2-8

(New registrations must be done in person; please call for an appointment; bring this form, a copy of the baptismal certificate and any record of attendance from previous school if available. Also, please be aware that available class times are Sunday 10:10 – 11:25 only.)

Family Name: _____

Father: _____

Mother (include maiden name): _____

Address: _____

Home Phone _____ Cell Phone _____

Best Email Address(es) _____

Please very print clearly

Child's Name _____ Gender: M F Grade: _____

Child's Name _____ Gender: M F Grade: _____

Child's Name _____ Gender: M F Grade: _____

REGISTRATION FEES

Please make check payable to Saints John and Paul Parish.

1-Child	\$335
2-Children	\$460
3 or more children	\$640

Check Number and date _____

We Share On Line Giving account number _____ (Required)



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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.

SCHOOL(S) ATTENDING NOW:

PREVIOUS CATHOLIC SCHOOL OR RELIGIOUS EDUCATION

PROGRAM _____

GRADE IN SEPT. 2018 _____

PLACE AND DATE OF BIRTH

PLACE AND DATE OF BAPTISM

PLACE AND DATE OF FIRST COMMUNION

CERTIFICATES

BAPTISM: _____

FIRST COMMUNION: _____

Any allergies or other medical conditions, please explain below.



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2016 – 2017 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: _____

, (baby sitter, au pair, nanny)

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

1. _____

Name	Relationship to Family	Phone
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2. _____

Name	Relationship to Family	Phone
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Child's Physician: _____

Name	Phone
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