



Summer Program

Open to 3rd, 4th, 5th, and 6th grade.
 Limited to first 15 students per grade.
 Dates; 6/29, 6/30, 7/1, 7/2, 7/7, 7/8, 7/9.
 8:45AM-12:30PM at the Parish Hall.
 Mandatory to attend ALL 7 sessions, and ALL class masses.

The Church Of Epiphany
 Office of Religious Education
 615 Thiele Rd Brick, NJ 08724
 Phone: 732-785-0872 Fax: 732-458-0855
 Email: epiphre2@aol.com
2015-2016 Registration

- Tuition: \$130 1st child.
- \$225 for 2 children.
- \$300 for 3 children and above.
- Deadline to register is May 15th.
- \$50 late fee per family for late registration after May 15th.
- 2nd \$20 Book fee
- 8th \$50 (Book and Retreat fee)

Please print or type all information below. Thank you.

Parish Program (Tuesday's 5:15-6:30PM)

Student Name: _____
Last First Middle Grade (as of September)

Student Name: _____
Last First Middle Grade (as of September)

Student Name: _____
Last First Middle Grade (as of September)

Student Name: _____
Last First Middle Grade (as of September)

Student Name: _____
Last First Middle Grade (as of September)

IF NEW, PLEASE FILL OUT STUDENT SACRAMENT INFORMATION

Sacramental Record

	Date	Church	Location
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other: Baptized in another denomination Birth Date _____
 Profession of Faith
 Full Initiation (*Baptized after age 7*)

Date: _____ Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

**Please attach copy of Baptismal Certificate if not from this Parish.*

PLEASE FILL OUT REVERSE SIDE OF THIS FORM

Parish of RegistrationParish: _____
*Name*Parish Address: _____
*Street Town State Zip*Family Registered in this Parish: Yes NoRegistered in another Parish: Yes No**Family Information**Mother's Name: _____
*Last Name / First Name*Maiden Name: _____ DECEASED

Religion: _____

Phone: _____ Cell: _____ Work: _____ E-Mail: _____

Father's Name: _____
*Last Name / First Name*Religion: _____ DECEASED

Phone: _____ Cell: _____ Work: _____ E-Mail: _____

Family Address: _____
Street Town State Zip

Legal Guardian, if different than above:

Name: _____ Phone: _____ Cell: _____
Last Name / First Name

Maiden Name: _____ Work Phone: (____) _____

Address: _____
*Street Town State Zip***Emergency Contact Information****Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):**A. Name: _____ Phone: (____) _____
Address: _____ Town: _____

Relationship: _____

B. Name: _____ Phone: (____) _____
Address: _____ Town: _____

Relationship: _____

PLEASE FILL OUT REVERSE SIDE OF THIS FORM

Health Information

Does your child have learning needs?

Learning Disability – Classification: _____

Other – Please Explain: _____

If your child has any medical conditions please explain:

Are there any other special instructions? (*i.e. dismissal, transportation, etc.*)

Are there any custodial issues? If yes, please explain: YES NO

All mail will be addressed to the family listed on Page 2. Please note if a change is preferred.

Name: _____ Home Phone: _____ Cell: _____

Address: _____ Town: _____ Zip: _____

OFF SITE STUDENT PERMISSION SLIP

Please print or type all information below. Thank you.

Special Event/Activity/Retreat Information

Promotional Release: I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Guardian Initial for Approval: _____

Consent: I, the Parent/Guardian of the above named student grant my permission for him/her to participate in the special parish/diocesan religious education event/activity/retreat for which this form is intended. I understand that this event will be taking place offsite and that this activity will take place under the guidance and direction of employees and/or volunteers of the Parish and/or the Diocese of Trenton. I/we agree that, in consideration of our child being permitted to join said event/activity/retreat, we each hold harmless and indemnify the Parish and the Diocese of Trenton and their agents and employees against any and all claims for injury to our child involving said event/activity/retreat.

Parent/Guardian Initial for Approval: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

PLEASE FILL OUT REVERSE SIDE OF THIS FORM

I/We would be interested in VOLUNTEERING: Yes No

Positions Available (Please check preference if "yes" to above question):

Catechist Classroom Aide Hall Monitor Parking Lot Attendant

*** REDUCED TUITION FEE OF \$30 OFF PER CHILD FOR VOLUNTEERING ***

For Office Use Only

Amount Paid \$ _____

Date Received: _____

- Cash
- Check # _____
- Baptismal Certificate
- F/W
- P/P
- RCIA
- Transfer Records Received