

REGISTRATION GRS. 1-8 RELIGIOUS EDUCATION ST. FRANCIS XAVIER PARISH

We ask that the family be registered in the parish (please circle) **yes no** Call rectory 673 2531 to do so.

STUDENT NAME(S) (no nick names) GRADE (list all children grs 1-8) Home Study? Please indicate (HS)

If applicable, you are requesting that your child(ren) be released during regular school time for religious education provided by St. Francis Xavier according to the NYS Education Law of 1940.

Father's Name (please print)

_____/_____/_____/_____
Home Phone Cell Phone Email (print clearly)

Mother's Name (please print)

_____/_____/_____/_____
Home Phone Cell Phone Email (print clearly)

Address: _____
& street Town zip

Child resides with both parents? yes no (please circle) **If no, please list mailing address:**

GRADES 4 – 5 - 6 ONLY: Wednesday mornings 7:45-8:45 a.m.

Would you like to be called if your child is absent? (please circle one) **Yes No**

If yes, what phone # _____

Will student take bus to class? yes no (please circle) **If yes, you must inform bus garage.**

JR. HIGH PROGRAM; GRADES 7-8 ONLY: Mondays 5:30-6:30 pm.

Would you like to be called if your child is absent? (Please circle one) **Yes No**

If yes, what phone # _____

DISMISSAL PROCEDURES: When class is dismissed...please check off your choice:

___ my child is permitted to leave Center unattended.

___ my child is **not permitted** to leave alone; a parent/adult will pick up child in classroom.

SPECIAL NEEDS: Please list on back any information that would be helpful in meeting the needs of your child, ie., food allergies; medical; learning; etc. This remains confidential.

PARENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Fee paid ___ (cash/check) Will mail in ___ Fee waived ___ (if teaching one child/grade.
\$30/student, family rate of 3 or more children \$90. Payable to St. Francis Xavier Scholarships available.

PLEASE RETURN THIS TO: SFX RELIGIOUS ED CENTER, 53 NORTH ST., MARCELLUS NY 13108