

CHILD REGISTRATION FEE

1 = \$150.00
2 = \$175.00
3+ = \$200.00

Communion Fee = \$50
Confirmation Fee = \$75

Registration Discount of \$10 if
registered before June 15th.

Catechists receive \$50 Discount.

Applications due by Sept 1st

No applications accepted after
Oct 1st 2024.



St. Jude Parish
Office of Faith Formation
89 Overlook Drive
Mastic Beach, NY 11957
(631) 281-2835

OFFICE USE ONLY

In Cmptr. () PRC ()

Finances in Comp. ()

Bapt. Cert. Sub. ()

Class Assignment Mailed _____

REGISTRATION APPLICATION
2024-2025

DATE ____/____/____

Fecha

FAMILY NAME: _____

Apellido de familia

MOTHER'S NAME _____ **FATHER'S NAME** _____

Nombre de Mamá

Nombre de papá

MAILING ADDRESS _____

Dirección

(City-Ciudad)

(State & Zip- Estado y código postal)

HOME PHONE _____

Teléfono de la casa

MOM'S CELL # _____ **DAD'S CELL #** _____

Celular de mamá

Celular de papá

PARENT'S E-MAIL ADDRESS _____

Dirección electrónica del los padres

EMERGENCY CONTACT _____

En caso de emergencia a quién (SOMEONE OTHER THAN PARENT)

(RELATIONSHIP TO CHILD)

podemos llamar que no sea uno de los padres

(Cuál es la relación de esta persona al niño/a)

PHONE # _____

Teléfono

PAYMENT HISTORY

OFFICE USE ONLY
(Para uso de la oficina solamente)

Reg. Fee \$ _____ Paid \$ _____ Date _____

Cash/Check # _____ Balance \$ _____ By _____

Payment \$ _____ Date _____

Cash/Check # _____ Balance \$ _____ By _____

Payment \$ _____ Date _____

Cash/Check # _____ Balance \$ _____ By _____

COMMUNION FEE

Paid \$ _____ Date _____

Cash/Check # _____ By _____

CONFIRMATION FEE

Paid \$ _____ Date _____

Cash/Check # _____ By _____

Robe given _____

CHILD'S NAME

LAST _____ FIRST _____
Apellido del niño/a Nombre

MALE () FEMALE () DATE OF BIRTH ____/____/____ PLACE OF BIRTH (TOWN) _____
Varón Hembra Fecha de nacimiento Lugar de nacimiento

PUBLIC SCHOOL ATTENDING IN SEPT. 2024 _____ GRADE LEVEL _____
Nombre de la escuela pública donde estará asistiendo en septiembre 2024 Grado (Sept 2024 Grade)

Office use only	
Grade Level	_____
Teacher	_____
Day	_____
Time	_____
Room #	_____
Home Study ()	_____

IF YOUR CHILD HAS ANY SPECIAL NEEDS PLEASE LIST: These are some examples: Physical Handicaps/disabilities, learning disabilities, ADD, ADHD, hearing impaired, dietary, medication, allergies, ADOPTION & NAME CHANGES.
(Si su hijo/a tiene alguna desventaja o si es minusválido mentalmente o físicamente, por favor déjenos saber.)

Classes are **Monday and Wednesday 4:30pm or 5:45pm** as well as **Saturday 9:30am or 10:45 am**
CP1 (7th level confirmation prep classes) are **Monday at 7:00pm** or **Saturday at 10:45am**
CP2 (8th level confirmation classes) are **Wednesday at 7:00pm**

Please choose your preferred class times. We will try to accommodate everyone, but it will depend on teacher availability and first come first serve.

CLASS DAY REQUEST _____ **TIME REQUEST** _____
Día preferido Hora preferida
TEACHER REQUEST (Maestro/a preferido/a) _____

New Students must Provide a copy of their Baptismal Certificate AND Birth Certificate.

Proof of Sacraments can be obtained by contacting the church the child made their Sacraments at.

Has your child Been Baptized? _____ **Name of Church:** _____

Has your child made their First Holy Communion? _____ **Name of Church:** _____

I UNDERSTAND THAT THIS FORM WILL NOT BE ACCEPTED WITHOUT PARENT SIGNATURE, FEE, AND ANY UNPAID BALANCE PAID IN FULL. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED THE FAITH FORMATION PARENT HANDBOOK OF ST. JUDE PARISH. I AGREE TO ABIDE BY THE POLICIES SET FORTH IN THE HANDBOOK.

Entiendo que este formulario no será aceptado sin firma paternal, matricula, y cualquier saldo impagado pagado en su totalidad. Al firmar a continuación reconozco que he recibido y revisado la Guía de Padre de Formación de Fe de la parroquia de San Judas. Acepto cumplir con las políticas descritas en la guía.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____
Firma del padre/madre/tutor Fecha