

St. Lawrence O'Toole and Sacred Heart

2023-2024 Family Registration Form

(Submit to Saint Lawrence O'Toole Church)

St. Lawrence O'Toole

ATTN: Religious Education

31 Prospect Street

Brewster, NY 10509

Phone: 845-279-6098

Email: familyprogrambrewster@gmail.com

Father/Guardian Name: _____

Mother/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Primary Email: _____

Family Name: _____

Registration Fees St. Lawrence/Sacred Heart

Payments should be made to your Home Parish either by check or online at stlawrenceotoole.churchgiving.com or sacredheartpattersonny.churchgiving.com

One Child (\$250) 2 Children (\$275) 3+ (\$300)
 First Communion Fee: \$ 50 per child _____
 Confirmation Fee: \$100 per child _____
 Catch up Fee: \$100 per child _____

Office Use:

Other or Balance Due \$ _____

Subtotal: \$ _____

Catechist Discount (-\$25) \$ _____

Total Due: \$ _____

Date Form Rec'd: _____

Payment Received

Paid in Full _____

IMPORTANT For New Students!

Email: familyprogrambrewster@gmail.com with a copy of your child's Baptismal Certificate and any previous religious education records. Also fill out the New Student Form and Register as a Parishioner at: www.stlawrenceotoole.org/Religious_Ed

Child's Name	Circle M or F	School Attending this September/ Grade	Rel. Educ. Grade	Church you are registered at	Check any Disabilities Physical/Learning or Developmental			Medical Concerns? Check below & explain on back	Sacraments Received Baptism? First Communion?
					Phys.	L	Dev.		

FAMILY PROGRAM

For Children in grades 1 to 5.

We have 2 program requirements this year.

1. Weekend Mass (lessons during Mass twice a month, no pre-registration required)
2. Family Program (once session for October, December, February, and April.

For questions, email us at familyprogrambrewster@gmail.com

For the Family Program and Edge calendar, scan code below or visit www.stlawrenceotoole.org/Religious_Ed

EDGE: INCLUDES LESSONS, XLT, RETREATS AND COMMUNITY SERVICE PROJECTS.

We have 3 program requirements this year for 6th, 7th, 8th grades

1. EDGE Classes twice per month: Tuesday or Wednesday.
2. Lessons during Mass twice per month
3. XLT and confession once per month on Wednesday



2023-2024 Student Information Record

Family Name: _____ **Marital Status:** Married/Separated/Divorced/Widowed/Single

Children's Doctor: _____

Name

Phone number

Emergency contact: _____ (If Parent cannot be reached)

Name

Phone number

Relationship

FATHER/Stepfather/Guardian:	MOTHER/Stepmother/Guardian:
First/Last Name:	First/Last Name:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Email address for reminders:	Email address for reminders:
Business Address:	Business Address:
Occupation:	Occupation:

Authorized Pick-ups: (other than parents) _____

Please print names _____

Complete a box below for each child registered in our Religious Education Program

Child #1: Name _____	Date of Birth _____	No Medical Concerns
Medical Condition: _____ Emergency Procedure for this condition: _____		
Other Concerns: _____		

Child #2: Name _____	Date of Birth _____	No Medical Concerns
Medical Condition: _____ Emergency Procedure for this condition: _____		
Other Concerns: _____		

Child #3: Name _____	Date of Birth _____	No Medical Concerns
Medical Condition: _____ Emergency Procedure for this condition: _____		
Other Concerns: _____		

Child #4: Name _____	Date of Birth _____	No Medical Concerns
Medical Condition: _____ Emergency Procedure for this condition: _____		
Other Concerns: _____		

In Case of Emergency – Accident/Injury:

In case of accident/injury, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated, and to follow the physician's instructions. If this is not possible, I authorize the representative of the parish catechetical program to make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

Parent/Guardian Signature: _____ Date: _____

Parents' Pledge: (Please read and sign)

As the first and foremost Catechist of my children, I recognize that weekly Mass attendance is the foundation of our faith, and realize that the Religious Education Program can reinforce, but not replace, the parents' role in the faith formation of their children. Therefore,

- I will ensure that we attend Mass weekly;
- I will make Religious Education class attendance a priority;
- I will follow the Parent Guidelines

Parent/Guardian Signature: X _____