



**St. Katharine Drexel Parish**  
**Religious Education Program**  
250 James St., Burlington, NJ 08016  
kdelprato@StKatharineDrexel-nj.org  
609-386-1645, ext 215

### **Registration for 2019-2020**

We look forward to sharing the faith with your child in the 2019-2020 school year! Our program continues to offer faithful catechesis to all our children with regular practice in the sacraments and traditions of our Church. To register your child, please be sure to read this notice carefully.

**Our program** meets once a week throughout the academic year in St. Paul's School building at 250 James Street. Parents can select either Monday evenings (6-7:15 pm) or Wednesday evenings (5:45-7:00 pm). Kindergarten is offered on Mondays only. Classes are scheduled to begin Monday, September 23<sup>rd</sup> or Wednesday, September 25<sup>th</sup> and will end the week of April 27<sup>th</sup> (barring the need for makeup classes due to emergency closings for weather). Families are expected to attend weekly Mass and students are expected to be present in class every week. Missing lessons will make it increasingly difficult to stay on track with lessons and assignments. **Any student who is absent more than three times may need to repeat the year.** Be sure to plan ahead with sports and activity schedules so your children can attend classes.

**Tuition** Our tuition and fees schedule for the 2019-2020 school year is as follows:

**Registration fees beginning July 20<sup>th</sup>**

One Child \$125  
Two Children \$205  
3+ Children \$250

If the tuition fee is truly a financial hardship for your family, there are other ways you can support the program, including being a catechist, a teacher's aide or a monitor.

**Volunteers are needed!** In an effort to keep our class sizes small and intimate, we are in need of catechists (teachers), aides, a nurse, hall monitors and substitutes. Registration fees for catechists/assistants/monitors are either waived or discounted. Anyone who is willing to share their faith with our students is welcome to be a volunteer. Confirmation candidates and Honor Society students could earn their required service hours as aides, monitors, etc. We would also like to have a teacher's aide in every classroom to ensure that our students stay focused and get the personal attention they may need. Please prayerfully consider supporting our program in this way. This is also a great opportunity for you to learn more about your faith. No teaching experience is necessary and training can take place over the summer months.

**For the safety of our children,** all volunteers are required to pass a criminal background check and attend a Virtus/Safe Environment session before they begin volunteering. Please contact the Religious Education office for details.

**To Register:** Download and carefully complete both sides of the registration form (one for each child) and mail or drop it off with payment. Baptismal forms and payment must accompany registrations. Be sure to print this page for your reference. Our contact information is above. Payment may be made in cash or check payable to St. Katharine Drexel Parish.

**Bulletin Announcements:** Be sure to keep an eye on the parish bulletin for announcements of upcoming events relating to the program. The bulletin is also available on the parish website: <https://www.StKatharineDrexel-nj.org>

God Bless you and may this new academic year bring many blessings in your child's faith journey!

In faith,

*Kathleen Del Prato*  
Coordinator

**St. Katharine Drexel Parish**  
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**Registration for 2019-2020**

Rec'd _____
Ck # _____
Cash _____ Rcpt _____
Database _____
Spreadsheet _____
Email _____

Please print or type all information below.

Student Name \_\_\_\_\_ Male/Female  
Last First Middle (Circle One)

Address \_\_\_\_\_  
Street Town State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
in Sept., 2019

Please circle: Monday (6:00 – 7:15 pm) or Wednesday (5:45 – 7:00 pm)

School Attending \_\_\_\_\_  
Name City/State

Previous Religious Educator \_\_\_\_\_  
Parish/School City/State

**Sacramental Record**

Was your child baptized within St. Katharine Drexel Parish? **Yes / No** (Circle one)  
 If not, please include a copy of their baptismal certificate.

	Date	Church	City/State
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____

\*Other  Baptized in another denomination  
 Profession of Faith

**\*Baptismal Certificate must be included with this registration if not from this Parish.**

**Parish of Registration**

Is the family registered at St. Katharine Drexel Parish? **Yes / No** (Circle One)

If "No", please list the parish the family is registered in. \_\_\_\_\_  
Parish Name  
 \_\_\_\_\_  
City/State

Does the family attend Mass regularly? **Yes / No** (Circle One)

Signature of the Pastor of your home parish \_\_\_\_\_  
If you are not parishioners of St. Katharine Drexel Parish

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the reverse side also.**

**Family Information**

Parents are: (Circle one)    **Married**                  **Single**                  **Separated**                  **Divorced**

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Maiden Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion \_\_\_\_\_

Legal Guardian    \_\_\_\_\_ Parents(s)    \_\_\_\_\_ Other

If Other

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Relation \_\_\_\_\_

Religion \_\_\_\_\_

1<sup>st</sup> Emergency Contact

2<sup>nd</sup> Emergency Contact

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Does your child have any learning needs? Please include a copy of their IEP if they have one.

\_\_\_\_\_ Learning disability – Classification \_\_\_\_\_

\_\_\_\_\_ Other – Please explain \_\_\_\_\_

Does your child have any medical needs or conditions? Please list any allergies.

\_\_\_\_\_

Are there any custody issues? If yes, please explain.

\_\_\_\_\_

**Promotional Release**

I also consent to the use of 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/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_