



St. Martin of Tours - Religious Education Office

2017-2018 Registration

(631) 691-1617

stmartinreo@gmail.com

FAMILY NAME: _____ Parishioners of St. Martin's? Y/N _____

Mother's Name: _____ Maiden Name: _____

Father's Name: _____

Guardian's Name: _____

Address: _____ Town: _____ Zip _____

Parent's cell phone: _____ Other Phone: _____

Parents: Single Married Separated Divorced

Which Parent: To receive information _____ Responsible for Pickup/drop-off _____

Parent's Email Address: _____

**** PLEASE NOTE: AN ACTIVE EMAIL ADDRESS THAT IS REVIEWED FREQUENTLY MUST BE PROVIDED. PERTINENT INFORMATION WILL BE PROVIDED MAINLY VIA EMAIL IN THE COMING SCHOOL YEAR ****

CHILD'S NAME: _____ Date of Birth: _____

Grade in Sept. 2017 _____ School: _____

Baptized? _____ Church of Baptism _____

Received First Eucharist? _____ Reconciliation? _____

Any Special needs, allergies, educational issues: _____

Reading Assistance _____ ADHD _____ Autism _____ English as a second language _____

CHILD'S NAME: _____ Date of Birth: _____

Grade in Sept. 2017 _____ School: _____

Baptized? _____ Church of Baptism _____

Received First Eucharist? _____ Reconciliation? _____

Any Special needs, allergies, educational issues: _____

Reading Assistance _____ ADHD _____ Autism _____ English as a second language _____

CHILD'S NAME: _____ Date of Birth: _____

Grade in Sept. 2017 _____ School: _____

Baptized? _____ Church of Baptism _____

Received First Eucharist? _____ Reconciliation? _____

Any Special needs, allergies, educational issues: _____

Reading Assistance _____ ADHD _____ Autism _____ English as a second language _____

ST. MARTIN OF TOURS
AMITYVILLE, NY

FEE PAYMENT FORM

Registration Fee for Children Levels 1 – 8

1 child: \$80
2 children: \$120
3+ children: \$150

FAMILY NAME _____

Total # of children enrolled _____ Total Fee Due: _____

Payment Form:

- Cash _____
 Check # _____
 Credit Card

To pay by credit card, please complete the following information:

Name on Credit Card _____

Card Type: Visa MasterCard American Express Discover

Card #: _____ CVV # _____

Expiration Date _____

Signature _____

Registration Fees must be paid in full before September 15, 2017.

Financial assistance is available in cases of true need. Please do not hesitate to register due to inability to pay. Contact the Religious Education Office to discuss.

**For New Registrants or children entering Level I,
please attach a copy of the child's baptismal certificate to this form.**