



St. Martin of Tours - Religious Education Office

2022-2023 New Registration

(631) 691-1617

stmartinreo@gmail.com

FAMILY NAME: _____ Parishioners of St. Martin's? Yes No

Mother's Name: _____ Maiden Name: _____

Father's Name: _____

Guardian's Name: _____

For new registrants, please provide a copy of your child's baptismal certificate.

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 CHECKED FREQUENTLY MUST BE PROVIDED. PERTINENT INFORMATION WILL BE PROVIDED MAINLY VIA EMAIL IN THE COMING SCHOOL YEAR ******

CHILD'S NAME: _____ Date of Birth: _____

Rel. Ed Grade level _____ School Grade Level: _____

Public/Private School Name: _____

Baptism: Yes No Church of Baptism _____

First Eucharist: Yes No Church of First Eucharist _____

Received prior Religious Instruction? Parish Name and Last Level _____

CHILD'S NAME: _____ Date of Birth: _____

Rel. Ed Grade level _____ School Grade Level: _____

Public/Private School Name: _____

Baptism: Yes No Church of Baptism _____

First Eucharist: Yes No Church of First Eucharist _____

Received prior Religious Instruction? Parish Name and Last Level _____

CHILD'S NAME: _____ Date of Birth: _____

Rel. Ed Grade level _____ School Grade Level: _____

Public/Private School Name: _____

Baptism: Yes No Church of Baptism _____

First Eucharist: Yes No Church of First Eucharist _____

Received prior Religious Instruction? Parish Name and Last Level _____

Health Information

This form is to be filled out each year.

Child's Name: _____

Religious Ed. Grade Level: _____ Grade in School: _____

Self-Contained Classroom? Y/N _____ Mainstream Classroom? Y/N _____

Has an IEP? _____ Requires Reading Assistance? _____

Allergies

Allergies (Please specify allergy) _____

Gluten and/or Celiac _____

Special Needs

_____ Developmental Delay

_____ Learning Disabled

_____ Emotional Problem

_____ Neurologically Impaired

_____ Blind/Hearing Impaired

_____ Autism

If learning disabled, please specify

_____ Dyslexia

_____ Hyperactivity

_____ Attention Deficit

_____ Visual/Auditory

_____ Memory/Thinking Disorder

_____ Coordination Deficit

_____ Perceptual/Motor Impairment

_____ Impulsivity

Other _____

Pertinent Medical Information

(Medications, seizures, diabetes, asthma, Epi-pen in Backpack)

Other helpful information for the Catechist to know

ST. MARTIN OF TOURS
AMITYVILLE, NY

FEE PAYMENT FORM

Registration Fee for Children Levels 1 – 7

1 child: \$85
2 children: \$125
3+ children: \$150

FAMILY NAME _____

Total # of children enrolled _____ Total Fee Due: _____

Payment Form:

- Cash _____ Amount _____
 Check # _____ Amount _____
 Credit Card _____ Amount _____

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 _____

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Registration Fees must be paid in full before September 9, 2022.

After this date, a \$20 late fee will be incurred.

(To cover expedited book shipping charges before class starts)

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

**For New Registrants or children entering Grade 1/Eucharist Level I,
please attach a copy of the child's baptismal certificate to this form.**

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Office Use: Received by: _____ Date: _____ Entered: _____

Photo Release

St. Martin of Tours has my permission to use my child's photograph publically to promote the Parish Religious Education Program. I understand that the images may be used in print publications/parish bulletin, online publications, presentations, Parish/Religious Education website, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

I give St. Martin of Tours Parish permission to use my child's photograph

I DO NOT give permission to St. Martin of Tours Parish to use my child's photograph

Parent/Guardian's Signature _____ Date _____

Parent/Guardian Print Name _____

Child's Name _____ Religion Grade Level _____

Child's Name _____ Religion Grade Level _____

Child's Name _____ Religion Grade Level _____

Parent Assistance

The Religious Education Program always welcomes parents that would like to volunteer as Catechists, Substitute Catechists, and Door/Hall Monitors.

We are also looking for parents that would be interested in assisting with our monthly Hosting Mass pancake breakfasts. Specifically, we need parents to volunteer to help set up and clean up the tables and refreshment table and help coordinate with others parents to bring refreshments for the breakfast (e.g., baked items, bottle of juice)

If interested in volunteering, please complete the following:

Name: _____

I would like to volunteer as Catechist Substitute Catechist Hall Monitor
 Hosting Mass Parent

All Catechist and Hall Monitor

volunteers must complete VIRTUS training, a background check, and code of conduct per Diocesan requirements. VIRTUS training is a 2 hour child safety training course provided at most parishes. Forms for a background check, code of conduct, and assistance with VIRTUS training registration is available at the St. Martin of Tours rectory.