

**Summer Religious Education Program
2018**

Please complete one per family.

This contract must be signed and returned with the registration, fees and volunteer forms.

I understand:

That my child needs to arrive by 9:00 AM sharp each day and be picked up promptly at 12:30 PM.

That, because of the shortened duration of the program, my child is not permitted to miss any days for any reason.

That if my child becomes a distraction or discipline problem he/she will be sent to the Religious Education Office and a phone call will be made to the home. If this occurs two times, my child will be removed from the summer program.

That my child will bring his/her book each day and complete any homework assignments that may be sent home.

That if my child is caught using a cell phone for any reason during the hours of CCD, he/she will be removed from the summer program.

That I am required to volunteer my time and talent for this program and will complete and return the attached volunteer form.

Parent Name_____

Parent Signature_____

Child's/Children's Name(s)_____

Summer CCD Volunteer Sheet
June 25th to July 6th (closed for July 4th only)
Please complete one per family.

Parent Name _____

Phone _____

All parents with children attending our summer CCD program must volunteer for at least one of the following:

_____ **Classroom Teacher:** will be responsible for working with the children each day, if enough people volunteer teachers may only have to teach every other day. This is our most important position and we will not be able to have a program at all if we do not get enough teachers. Please consider team teaching with a group of friends.

Grade _____

_____ **Classroom Aide:** will be responsible for helping out in the classroom with whatever is needed.

Grade _____

_____ **Baking for Christmas in July (June 29)**

_____ **Baking for last day celebration (July 6)**

_____ **Recess Team:** will be responsible for supervising children during their break time, may be indoors or outdoors.

_____ **Book unloading/distribution:** this job will be done the week before the summer program begins and may be done at night if needed. Involves unpacking boxes of books and counting out and delivering books to all the classrooms.

ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION

SUMMER REGISTRATION FORM

50 Byrd Avenue, Bloomfield, N J. 07003

973-338-7400

June 25 – July 6 (off for July 4th only)

Registration Fees for the summer program must be paid in full by April 1st or you will be charged a \$25 late fee . Additionally if you switch your child from the Summer program to the Fall Program or Home Study no refunds will be given for the difference in price.

Family Last Name _____ Father's First Name _____ Religion _____
Mother's First Name _____ Maiden Name _____ Religion _____
Address _____ Phone _____
City _____ State _____ Zip _____
Emergency Contact Name _____ Phone _____

*PLEASE REGISTER ALL CHILDREN AT THIS TIME - EVEN THOSE ATTENDING IN THE FALL

Table with 5 columns: Child's Last Name, First Name, Grade in Sept 2018, School Attending, Summer/Fall **. Multiple rows for child registration.

** Please put an S or an F next to each child's name to identify which program they will be attending.

FAMILY LIFESTYLE (Please check off one)

Both parents living at home _____ Divorced _____
Divorced and remarried _____ Widowed _____
Separated _____ Single Parent _____

COMMENTS: Learning Disabilities
Physical Handicaps: Allergies/Medical
Problems: Please note any special needs
or information that will enable us to
better serve your child.

Signature of Parent/Guardian

FIRST TIME REGISTRATION ONLY - COMPLETE THE FOLLOWING;

Child's Name _____

BIRTH: DATE / / Church and Address
BAPTISM: DATE / /
1st Penance: DATE / /
1st Communion: DATE / /

Date of Registration _____ Registration Fee Payment _____

Office Information:

Date Received _____ Check# _____ Cash _____ Bapt Cert. _____

Payment Received by _____ Amount Due _____

Registration fees:

1 child..... \$230.00
Each additional child.....\$90.00