

**Returning Student**

**Church of St. John & St. Mary  
2023- 2024 Religious Education Registration Form  
Grades 1-8**

**Grades 1 – 4**

**Monday - RBS and WO 3:45 - 4:45 pm  
Wednesday – Grafflin: 3:45 – 4:45 pm**

**Grades 5 - 8**

**Tuesday-Bell School: 3:00 - 4:00pm  
Thursday-Seven Bridges: 3:00-4:00pm**

Student’s Last Name: \_\_\_\_\_ Student’s First Name: \_\_\_\_\_ M/F: \_\_\_\_

DOB: \_\_/\_\_/\_\_ School: \_\_\_\_\_ Grade: \_\_ Allergies and/or Medications: \_\_\_\_\_

Student’s Last Name: \_\_\_\_\_ Student’s First Name: \_\_\_\_\_ M/F: \_\_\_\_

DOB: \_\_/\_\_/\_\_ School: \_\_\_\_\_ Grade: \_\_ Allergies and/or Medications: \_\_\_\_\_

Student’s Last Name: \_\_\_\_\_ Student’s First Name: \_\_\_\_\_ M/F: \_\_\_\_

DOB: \_\_/\_\_/\_\_ School: \_\_\_\_\_ Grade: \_\_ Allergies and/or Medications: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_  
Street City State Zip Code

**Email Address for Rel. Ed./ Parish Information:** \_\_\_\_\_

Additional Emergency Contact if other than parent/guardian listed above:

Name(s): \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* Please contact us if there is any additional information that you wish to share about your child.

**Tuition Fees:**

**1 Child: \$375.00 2 or More Children: \$400.00 Holy Communion Sacramental: \$75.00**

**Payment Options:** 1) Credit Card online: [www.sjsmrcc.com](http://www.sjsmrcc.com): Email Forms to: [mcarnes@sjsmrcc.com](mailto:mcarnes@sjsmrcc.com)

2) Check made out to SJSM and mail forms to:  
SJSM Rel. Ed. Office 30 Poillon Drive, Chappaqua, NY 10514

3) Hand deliver payment and forms to the parish office -- M - Th 9 AM to 3 PM OR on  
Sunday from 9:30 AM - 1 PM

I give my permission in the current CCD academic year, for my child/children to attend all scheduled classes/program events at The School of Religious Education at the Church of St. John and St. Mary, 30 Poillon Drive, Chappaqua, NY 10514. I understand that if a medical emergency occurs during their attendance at CCD classes or program event, the administrators and staff will take all immediate and reasonable steps necessary to access emergency medical treatment including, but not limited to calling 911 and that the emergency phone number and contact person provided by the registering guardian will be notified. I have been given the SJSM Religious Education and Safe Environment Guidelines. I agree to adhere to the necessary procedures and requirements as determined by September 2023 CDC guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Tuition Due \$ \_\_\_\_\_ Tuition Paid \$ \_\_\_\_\_ Name on Check/CC Receipt \_\_\_\_\_  
Check/Receipt # \_\_\_\_\_ Date Paid \_\_/\_\_/\_\_

# CCD Bus Permission Slip

## 2023-2024

I give child(ren)'s name(s) \_\_\_\_\_ permission to ride the contracted bus company bus from school to the Church of St. John and St. Mary for CCD class held during the 2023-2024 school year.

Bus Fee -- \$125 per rider.

I have read, agreed to, and discussed with my child(ren) the guidelines for CCD bus etiquette. I also understand I must volunteer (or designate someone) at my child's elementary or middle school at least once during the school year. This volunteer will check the students onto the bus and ensure all are accounted for.

Sign-Up Genius will be sent closer to the start of CCD classes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

Child #1 \_\_\_\_\_ School \_\_\_\_\_

Child #2 \_\_\_\_\_ School \_\_\_\_\_

Child #3 \_\_\_\_\_ School \_\_\_\_\_

Include payment with CCD sign-up.