

2021-2022 STUDENT REGISTRATION FORM

St. Raphael-Holy Angels Parish – Faith Formation
3500 South Broad Street, Hamilton, NJ 08610 • (609) 585-0542

Dcn. Bill Palmisano wpalmisano@srhap.org • Midge Cassarini mcassarini@srhap.org • Alice Bolton abolton@srhap.org

Online Home Study **Wednesday Evening** ENTERING CCD GRADE: _____

Student Name: _____ Date of Birth: ____/____/____
Last First MI

Home Address: _____

Home Phone: () _____ E-mail Address: _____

COPIES OF SACRAMENTALS CERTIFICATES ARE REQUIRED FOR ALL NEW STUDENTS

Date of Baptism: ____/____/____ Church / City, State _____

Date of 1st Communion : ____/____/____ Church / City, State _____

Father's Name: _____ Religion: _____

Father's Cell Phone: _____ Other Phone: _____

Mother's Name: _____ Religion: _____

Mother's Cell Phone: _____ Other Phone: _____

Legal Guardian's Name: _____ Legal Guardian's Cell Phone: _____

ONLINE HOME STUDY:

Registration begins July 7. All registrations are **DUE BY AUGUST 11.** Students must begin their course on or before September 15. There will be check points along the way and **all classes MUST be completed by APRIL 27, 2022.** All online students will also be required to attend 4 spiritual events throughout the year (ex.: Stations of the Cross, Ash Wednesday Mass, etc.)

WEDNESDAY IN-PERSON CLASS:

All registrations are **DUE BY AUGUST 11.** We are accepting registrations on a first come/first serve basis as class size may be limited. In-person classes will begin on September 15 and end on April 27, 2022 from 6:15-7:30 p.m. (time may shift by 15 minutes depending on the need to stagger drop-off and pick-up times).

FEES

Grades: 1, 3, 4, 5, 6 & 7:

\$150 per student

Grades: 2 and 8:

\$185 per student*

*this includes all sacramental fees

Completed Registration forms can be dropped into our secure mailbox #3472, located just outside the entrance doors of the Faith Formation Office in the Spiritual Center Building. Another option is to mail the registration form to the address listed above to the Attention of the Faith Formation Office. **REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT PAYMENT.** Please make checks payable to St. Raphael-Holy Angels Parish.

FOR OFFICE USE ONLY: FEE: \$ _____ Cash/Check # _____ Date Received _____

EMERGENCY CONTACT INFORMATION

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian cannot be reached):

A. Name: _____ Phone: _____

Address: _____

Relationship: _____

B. Name: _____ Phone: _____

Address: _____

Relationship: _____

Does your child have special learning needs? No Yes

Learning Disability – Classification: _____

Other: Please explain: _____

Are there any health conditions of which we should be aware? If so, please explain: _____

Are there any other special instructions? (Dismissal, transportation, etc.) _____

Are there any custodial issues? ? No Yes If yes, please explain: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____