

2022-2023 STUDENT REGISTRATION FORM

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

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Summer Program Wednesday Evening Home Study (Online) ENTERING CCD GRADE: _____

COPIES OF SACRAMENTAL CERTIFICATES ARE REQUIRED FOR ALL NEW STUDENTS

Student Name: _____ Date of Birth: ____/____/____

Home Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's E-mail: _____ Father's Email: _____

Home Phone: _____

SUMMER PROGRAM

(Grades 1-8)

Registration will begin on May 2 and end on June 1 (or earlier if all seats are filled). All current online students moving to the Summer Program must have completed their 2021-2022 course before your registration can be accepted. The Summer Program runs the weeks of July 11-15 and July 18-22 from 9:00 am—12 Noon and will meet in Saint Raphael School.

WEDNESDAY EVENING

(Grades 1-8)

Registration begins on May 2 and ends on June 1. All current online students moving to the Wednesday evening class must have completed their 2021-2022 course before your registration can be accepted. The Wednesday evening program will begin on September 14, 2022 from 6:15-7:30 pm.

ONLINE HOME STUDY

(Grades 3, 4, 5 & 6)

Online Home Study is being offered for students in non-sacramental grades (Grades 3, 4, 5 & 6) only. All current online students must have completed their 2021/22 course before registration can be accepted. Although we are still offering the online program, we strongly recommend our summer or Wednesday programs.

FEES

Summer and Online

Grades 1, 3, 4, 5, 6 & 7:
\$185 per student



Grades 2 & 8:
\$235*

Wednesday Class

Grades 1, 3, 4, 5, 6 & 7:
\$150 per student



Grades 2 & 8:
\$200*

***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):

Name: _____ Phone: _____

Address: _____

Relationship: _____

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:** _____