

RELIGIOUS EDUCATION OFFICE

231 SECOND STREET
CLIFTON NJ 07011

DIRECTORS OF RELIGIOUS EDUCATION**Deacon Hector Casillas****Kathy Militello**

973-340-1300 EXT. 106

TUESDAY--FRIDAY

9:00AM-3:00PM



ST. PAUL R.C. CHURCH
231 SECOND STREET
CLIFTON, NJ 07011

RELIGIOUS EDUCATION

JESUS THEN SAID: "LET THEM BE! DO NOT STOP THE CHILDREN FROM COMING TO ME, FOR THE KINGDOM OF HEAVEN BELONGS TO PEOPLE SUCH AS THESE.--MATTHEW 19:14-

(ENGLISH)

OUR RELIGIOUS EDUCATION PROGRAM OFFERS THE FOLLOWING:

1. FIRST COMMUNION CLASSES FOR STUDENTS IN 1ST THROUGH 5TH GRADE (YOUR CHILD WILL BE PLACED IN AN AGE APPROPRIATE CLASS)

- A. Students that have been baptized and have not received First Communion will be placed in Level 1 First Communion classes:
 - Students that have completed Level 1 (1 year of catechesis) will be placed in Level 2.
 - If your child is transferring from another religious education program, please provide a letter of proof at the time of registration.
- B. Sunday First Communion Class Schedule:
 - First Communion classes are held every Sunday from 9:00am - 10:30am, followed by 11:00am Mass in St. Paul R.C. Church.
- C. Students entering the program for the first time in the 3rd through 5th grade that have been baptized and have not received First Communion will be required to attend Sunday faith formation classes, as well as sacramental classes.
 - Sacramental classes are held the 1st and 3rd Tuesday of every month from 6:30pm -8:00pm in the Mother Cabrini Center.

2. FAITH FORMATION CLASSES FOR STUDENTS IN THE 3RD THROUGH 8TH GRADE

- A. Students that have already been baptized and received First Communion:
 - Classes are held every Sunday from 9:00am - 10:30am in the Mother Cabrini Center, followed by 11:00am Mass in St. Paul R.C. Church
 - Middle School (6th , 7th and 8th grade) classes are held on the 1st and 3rd Tuesday of every month from 6:30pm-8:00pm in the Mother Cabrini Center from September to Easter.

3. RCIA ADAPTED FOR CHILDREN/TEENAGERS 7 TO 17 YEARS OLD SEEKING BAPTISM AND FIRST COMMUNION

- A. Baptism for 7-12 year olds.
- B. Baptism and First Communion for 13-17 year olds.
(18 years old and older must attend RCIA for adults)
- C. RCIA class schedule:
 - RCIA classes are held on the 1st and 3rd Tuesday of every month from 6:30pm-8:00pm in the Mother Cabrini Center from September to Easter.

4. CONFIRMATION PROGRAM FOR HIGH SCHOOL STUDENTS

- A. For freshmen, sophomores and juniors that have been baptized and have received their First Communion.
(18 years of age and older must attend the Adult RCIA classes)
- B. Confirmation Class Schedule:
 - Classes are held every Sunday beginning with the 11:00am Mass in St. Paul R.C. Church, followed by class from 12:00pm - 2:00pm in the Mother Cabrini Center.

5. YOUTH MINISTRY

- All high school students are invited to attend the St. Paul Youth Ministry. Please contact our Parish Office.

Registration July 27, 2020 - August 31, 2020

Fee per Student enrolled in the 1st through the 5th grade: \$90.00 for one, \$160.00 for two; (\$10.00 FOR EACH ADDITIONAL CHILD)

Late Registration: September 1, 2020 - September 14, 2020 (\$10.00 late fee will be applied)

REGISTRATIONS WILL NOT BE ACCEPTED AFTER SEPTEMBER 14, 2020. No exceptions will be made.

Make Checks Payable to: St. Paul R.C. Church; Credit Cards Accepted. Thank you!

Please return Registration Form, together with payment to the Parish Office.

REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT COPIES OF: BIRTH CERTIFICATES, BAPTISMAL CERTIFICATES AND FIRST COMMUNION CERTIFICATES!

Thank you!

REGISTRATION FORM 2020-2021

Date: _____

Fathers Name: _____
(First and Last)

Mother's Name: _____
(Last, first, middle)

Address: _____

Address: _____

City/State/Zip Code: _____

City/State/Zip Code: _____

Family Home Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Mother's E-Mail Address: _____

Father's E-Mail Address: _____

(YOUR E-MAIL MUST BE ACTIVE!)

STUDENT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____

Place of Birth: _____ Grade in school in September 2020 _____

Registration will not be accepted without a copy of the Birth Certificate!

SACRAMENTAL INFORMATION

Was your child baptized? ___ Yes or ___ No If yes, please list the church and address:

Church Name: _____ Address: _____
Street/City/State/Zip Code

Date of Baptism: _____

Registration will not be accepted without a copy of the baptismal certificate! If your child was baptized at St. Paul please call our office and request your child's certificate. The donation is \$10.00. Thank You.

Did your child receive the Sacraments of Reconciliation and First Communion? Yes or No If yes, please list the church and address:

Church Name: _____ Address: _____
Street/City/State/Zip Code

Date of First Communion: _____

Registration will not be accepted without a copy of the First Communion Certificate! If your child received the Sacrament of First Communion at St. Paul please call our office to request your child's certificate. The donation is \$10.00. Thank You.

WHAT CLASS ARE YOU REGISTERING YOUR CHILD IN?

_____ First Communion (Grade 1 or 2)

_____ Faith Formation (Grade 3, 4, or 5)

PLEASE SPECIFY WHICH SACRAMENT YOUR CHILD NEEDS TO RECEIVE.

My Child: _____ needs to receive the Sacrament(s) of:

_____ Baptism

_____ Reconciliation

_____ First Communion

_____ Confirmation

I recognize that "parents are the primary educators in the faith". I also understand that "the catechesis given by parents with the family precedes, accompanies and enriches all other forms of catechesis" (NDC #55C and On Catechesis in our Time #68). I will take my child to class weekly, I will take time to talk about the classes with my child, and I will pray with my child and attend Mass with my child every Sunday. Most importantly, I will strive to be a witness of our Catholic faith

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

For Office Use:

DATE: _____ PAYMENT: Cash _____ Check Number: _____

Documents Submitted:

Birth Certificate _____ Baptismal Certificate: _____ First Communion Certificate: _____

PARENT PERMISSION/MEDICAL RELEASE FORM 2020-2021

I _____, certify that my child _____ has my consent to attend all activities coordinated by the St. Paul Religious Education Program Office for the year 2020-2021. I hereby release St. Paul R.C. Church and its staff and volunteers, the Diocese of Paterson, its various organizations and the activity sponsors from any liability for injuries suffered by my child while he/she is under the supervision of the sponsors of these activities.

Medical Information

1. Is your child allergic to any type of medication? YES__ NO__ If yes, please indicate what medication:

2. Does your child have any allergies? YES__ NO__ If yes, what is the allergy?

3. Is your child presently taking any prescription medication over an extended period of time? Yes__ NO__

Name of medication: _____

What is it for? _____

4. Has your child been classified with: ADHD__ ADD__ Autism__ or a Learning Disability__

Does your child have an IEP (Individualized Education Program) in school? YES__ NO__ please explain:

5. In case of accident, I hereby give my permission to the St. Paul R.C. Church staff and volunteers to give emergency medical treatment to my son/daughter, contact me, an emergency contact or my child's pediatrician:

YES__ NO__

Pediatrician's Name: _____ Pediatrician's Phone Number: _____

Hospital of Preference: _____

Insurance Co. Name _____ Ins. Co. Phone: _____

Address: _____ Identification #: _____

Group or Plan #: _____

6. In case of emergency, and if I am not available, please notify:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

All information will be kept confidential. Please do not be afraid to inform us of any special need your child may have. The more we know, the better we will be able to educate your child. Thank You.

I give permission for my son(s)/daughter(s) picture to be used on the website, Parish Bulletin or other advertising for St. Paul's Religious Education Program. YES__ NO__

Father's Name _____

Signature: _____

Date: _____

Mother's Name _____

Signature: _____

Date: _____

Roman Catholic Diocese of Paterson

ST. PAUL R.C. CHURCH

Permission to Publish

Students Work & Release to Use Work or Image for Promotional Purposes & Participation in Media Events

Dear Parents/Guardians:

Throughout the year, your child may participate in special religious education events at St. Paul R.C. Church. The opportunity to publish the photos of your child either alone or in a group is at the parent’s discretion. The publication media includes: parish newsletter, parish web-site, The Beacon, our diocesan newspaper as well as secular publications, such as The Daily Record. Many newspapers also have “online” versions of stories and several are mounting video streaming or photodex presentations on their sites. This permission slip is designed to obtain your permission to include your son/daughter in these activities. There is no compensation or penalty attached to your selection of approval. Your choice will be effective for the period of time that your child is enrolled in the St. Paul R.C. Church’s (2020-2021) Religious Education program unless specifically changed at your written request which you may do at any time.

_____ Yes, I grant permission to publish my child’s photograph, video clip, and/or work.

_____ No, I do not grant permission to publish anything concerning my child’s photograph, video clip, and/or work.

THIS FORM MUST BE RETURNED BEFORE A STUDENT’S PHOTOGRAPH, VIDEO CLIP AND/OR WORK IS PUBLISHED.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date _____

Child’s Name _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

PLEASE RETURN THIS FORM WITH YOUR COMPLETED REGISTRATION