

**RELIGIOUS EDUCATION OFFICE**

231 SECOND STREET  
CLIFTON NJ 07011

**DIRECTOR OF RELIGIOUS EDUCATION**

DEACON HECTOR CASTELLANOS

ALVARO LEAL  
973-340-1300 EXT. 106  
TUESDAY--FRIDAY  
9:00AM-3:00PM



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

**REIGIOUS 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) RCIA CHILDREN**

**OUR RELIGIOUS EDUCATION PROGRAM OFFERS THE FOLLOWING:**

**1. FIRST COMMUNION CLASSES FOR STUDENTS IN 1<sup>ST</sup> THROUGH 5<sup>TH</sup> 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 3<sup>rd</sup> through 5<sup>th</sup> 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 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of every month from 6:30pm -8:00pm in the Mother Cabrini Center.

**2. FAITH FORMATION CLASSES FOR STUDENTS IN THE 3<sup>RD</sup> THROUGH 8<sup>TH</sup> 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 (6<sup>th</sup> , 7<sup>th</sup> and 8<sup>th</sup> grade) classes are held on the 1<sup>st</sup> and 3<sup>rd</sup> 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 1<sup>st</sup> and 3<sup>rd</sup> 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, 2022 - August 31, 2022**

**2022-2023 TUESDAY EVENING CLASSES BEGIN OCTOBER 4<sup>TH</sup>, 2022**

Fee per Student enrolled in RCIA: \$75.00

Late Registration: September 1, 2022 - September 11, 2022 (\$10.00 late fee will be applied)

REGISTRATIONS WILL NOT BE ACCEPTED AFTER SEPTEMBER 12, 2022. 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 2022-2023**

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: _____	Child'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 2022 \_\_\_\_\_

**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:  
Date of Baptism: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street/City/State/Zip Code \_\_\_\_\_

**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:  
Date of first Communion: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street/ City/ State/ Zip Code \_\_\_\_\_

**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 YOUR REGISTERING YOUR CHILD IN?**

**XX RCIA for children**

**PLEASE SPECIFY WHICH SACRAMENT YOUR CHILD NEEDS TO RECEIVE.**

My Child: \_\_\_\_\_ needs to receive the Sacrament(s) of:  
\_\_\_\_\_ Baptism                      \_\_\_\_\_ Reconciliation                      \_\_\_\_\_ First Communion

*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: \_\_\_\_\_  
Notes: \_\_\_\_\_

**PARENT PERMISSION/MEDICAL RELEASE FORM 2022-2023**

I, \_\_\_\_\_, certify that my child \_\_\_\_\_ has my consent to attend all activities coordinated by the St. Paul Religious Education Program Office for the year 2022-2023. 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 \_\_\_\_\_, If yes, 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 \_\_\_\_\_, if yes, 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: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 (2022-2023) Religious Education program unless specifically changed at your written request which you may do at any time.

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\_\_\_\_\_ 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(s)/ Guardian Printed Name: \_\_\_\_\_

Parent(s)/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH YOUR COMPLETED REGISTRATION**