2026-2027 BAYONNE RELIGIOUS EDUCATION REGISTRATION FORM

Bl. Miriam Teresa Demjanovich	St. Henry	St. John Paul II	St. Vincent de Paul
326 Avenue C	82 West 29 St.	39 East 22 St.	979 Avenue C
(201) 437-4090	(201) 339-0319	(201) 339-2070	(201) 436-2222

IMPORTANT - Please clearly print all information.
- *All registration forms are due to the parish where your family is registered no later than September 18, 2026.*
- All families of our Religious Education programs must be registered at one of the parishes in Bayonne.

TODAY'S DATE: _____

PLEASE INDICATE THE PARISH AT WHICH YOUR FAMILY IS REGISTERED: (*Circle One*)

❑ Bl. Miriam Teresa Demjanovich ❑ St. Henry ❑ St. John Paul II ❑ St. Vincent de Paul

As registered parishioners in Bayonne, you are welcome to register for the Religious Education program of your choice at any of our four parishes. *Please note, the Sacraments of First Reconciliation, First Holy Communion and Confirmation are only celebrated at the parish where the family is registered*. For more details, please refer to the Family Handbook.

PLEASE INDICATE WHICH PARISH YOUR CHILD WOULD LIKE TO ATTEND IF SPACE IS AVAILABLE: (*Specific dates and times will be selected on the following pages.)*

❑ Bl. Miriam Teresa Demjanovich	❑ St. Henry*	❑ St. John Paul II	❑ St. Vincent de Paul

CHILD'S INFORMATION (Please Print Clearly)

	Child 1	Child 2	Child 3
First Name			
Last Name			
Date of Birth			
Place of birth	City	City	City
	State/Country	State/Country	State/Country
Sex	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female
School Attending			
City (of School)			
Grade (Sept. 2026)			

Sacraments Received: (Please check if received and complete information.)

❑ *Baptism	Church:	Church:	Church:
	Town:	Town:	Town:
	Date:	Date:	Date:

*NEW STUDENTS ONLY: Please attach a copy of your child's certificate(s) for all the sacraments received to this form.

❑ First Communion	Church:	Church:	Church:
	Town:	Town:	Town:
	Date:	Date:	Date:

Has child received prior Religious Education in a Church or Catholic school?

	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Church/Cath.School:			
Town:			
How many years?			
Date of last Rel.Ed.:			

PARENT / GUARDIAN INFORMATION PAGE

	MOTHER / Legal Guardian	FATHER / Legal Guardian
First Name		
Last Name		
Address	Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____	Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____
Home Phone	(_____) _____--_____	(_____) _____--_____
Cell Phone	(_____) _____--_____	(_____) _____--_____
Work Phone	(_____) _____--_____	(_____) _____--_____
E-mail		
Please note this will be used only for important Rel. Ed. communication. It will not be distributed or shared.		
Occupation		
Religion		

IMPORTANT: FROM THE ABOVE INFORMATION, PLEASE:

1) Circle the primary phone number to call to reach a parent in a timely manner.
2) Circle the primary mailing address of the child.

Child lives with *(please circle one):* ❑ Both Parents ❑ Father ❑ Mother ❑ Grandparents ❑ Legal Guardian

Language(s) spoken at home other than English: _____

EMERGENCY CONTACT ~ If parent is not available contact:

Name: _____ Relationship to Child: _____

Phone number: (_____) _____--_____

OPPORTUNITIES FOR YOU AND YOUR FAMILY

The following questions are OPTIONAL. We invite you to consider the following opportunities for the faith formation of your family.

Our parish has a program to help adults prepare to receive the sacraments.
If you are Catholic, but have not received Holy Communion or Confirmation, would you be interested in getting information about adult preparation to receive these sacraments? ❑Yes ❑No
If you are not Catholic, would you be interested in learning more about Roman Catholicism? ❑ Yes ❑No

SACRAMENT OF MATRIMONY / MARRIAGE:

If you were not married in a Catholic Church, are you interested in receiving more information about the sacrament of matrimony? ❑ Yes ❑No
If you prefer not to indicate this on this form, please feel free to contact one of our parish priests. They would be happy to answer any questions you may have regarding marriage in the church, annulments, etc.

SUPPORT AND ACCOMMODATIONS TO SERVE YOUR CHILD'S NEEDS

In order to help us support your child and provide a positive and effective faith formation experience, please let us know if any accommodation is needed in any of the following areas: *(Check as many as apply.)*
All information will remain confidential and only shared with the catechist with parent's permission.

Name of child in need of support: _____

__ Attention Deficit Hyperactivity __ Autism Spectrum (Autism, Asperger's Syndrome, etc.)	__ Deaf or hard of hearing __ Developmental disability __ Behavioral plan / emotional support	__ Use mobility aid *(wheelchair, leg braces, etc.)* __ Low vision / legally blind
__ Other, please specify:		

ALLERGIES OR MEDICAL NEEDS

Name of child: _____

Please share if your child has any allergies, medical conditions we should be aware of:_____

_____

ANY ADDITIONAL INFORMATION

Is there any additional information that we need to know about your child? Please add any additional information you feel will help us better serve your family: _____

_____

IMPORTANT PROGRAM SUPPORT NEEDED

The success of our Religious Education Program relies on the generosity of time and talent of our adult volunteers. You are encouraged to help us with the following positions:

___ Catechist (Lead Teacher) ___ Office Assistant	___ Assistant Catechist (Teacher's Aide) ___ Children's Liturgy of the Word	___ Substitute Catechist

REGISTRATION OPTIONS, DATES, AND FEES FOR RELIGIOUS EDUCATION

Please select which parish, class day, and class time your child(ren) would like to attend if space is available:

❑ Bl. Miriam Teresa Demjanovich	❑ St. Henry*	❑ St. John Paul II	❑ St. Vincent de Paul
__ Sun. 8:30-9:45 AM (GR K-6, Confirmation and OCIA) __Tues. 6:30-8 PM (GR 7,8,9 and OCIA -Teens)	__ Sun. 8:45-10:00AM (GR K-8) __ Sun 8:30-9:30AM (GR 9 remote) __ Sun 7:00-8:00PM (GR 9 remote) __ Tues or Thur. 4:30-5:45PM (Gr 6-8 remote) __ Wed 4:00-5:15PM (GR 1-5) __ Wed 7:00-8:15PM (GR 6,7,8 remote)	__ Sun. (10:45AM -12:00PM GR K-8 Gr 9 and OCIA)	__ Sun. 8:40-9:50AM (GR 1- 5) __ Mon. 6:45-8PM (GR 9) __ Tues. 6:45-8PM (GR 6-8)

Religious Education Program fees: Registration deadline is September 18, 2026

- 1 child: $85.00 - registered by July 31 / $110 - registered on August 1 or later.
- 2 or more children: $135.00 - registered by July 31 / $160 - registered on August 1 or later.

Religious Education Sacramental Preparation Fees are as follows:

- Reconciliation and First Holy Communion: One fee of $85 per child for the preparation of both Sacraments in addition to religious education program fees.
- Confirmation Preparation Fee is $110.00 per child. There will be no additional registration fees and no early registration discount.

Please make checks payable to your parish.

Financial difficulties should never interfere with the religious education of our children. If you have difficulty with the registration fees of our program, please contact the pastor of the parish at which your family is registered. All calls and requests for financial help will be confidential.

FAMILY ACKNOWLEDGMENTS AND PERMISSIONS

Kindly sign the Family Acknowledgements and Permissions on this page
and submit it along with the registration form to your parish office.

Participation in Religious Education programming is not permitted
without the submission of the signed Acknowledgments and Permissions below.

Please return this Registration Form in person or by mail to the Parish Office
where your family is registered and to the attention of the Director of Religious Education.

PERMISSION TO PHOTOGRAPH / VIDEO

I HEREBY AUTHORIZE _____ (the "PARISH where the family is registered) and), and _____ (The PARISH where the children attend religious education, if different), and the Roman Catholic Archdiocese of Newark (the "Archdiocese"), 171 Clifton Avenue, Newark, New Jersey, to use names and likenesses of our children from this date _____ (today's date) forward as outlined in the Parent/Guardian Handbook on page 12. **INITIAL HERE:** _____

I HEREBY DO NOT AUTHORIZE any parish nor the Roman Catholic Archdiocese of Newark (the "Archdiocese"), 171 Clifton Avenue, Newark, New Jersey, to use names and likenesses of our children. **INITIAL HERE:** _____

ACKNOWLEDGEMENT AND PERMISSION FOR DIGITAL COMMUNICATION

I GIVE PERMISSION for my child to participate in and use digital online platforms for Faith Formation.
I have read the DIGITAL COMMUNICATIONS POLICY as outlined in the Parent/Guardian Handbook on page 11, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the minor. **INITIAL HERE:** _____

I DO NOT GIVE PERMISSION for my child to participate in and use digital online platforms for Faith Formation.
INITIAL HERE: _____

**Please note that in order for a child to participate in the Religious Education program at St. Henry Parish, consent for digital communications must be given.*

AUTHORIZATION FOR CHILD PICK-UP

Please indicate who is permitting to pick up your children from Religious Education.

Name: _____ Relation to Child/Family: _____

Name: _____ Relation to Child/Family: _____

Name: _____ Relation to Child/Family: _____

ACKNOWLEDGEMENT OF RECEIPT OF PARENT/GUARDIAN HANDBOOK

We acknowledge that our family has received the Bayonne Religious Education Program Parent/Guardian Handbook. We have read, understand, and agree to cooperate with all policies set forth in this handbook unless otherwise indicated above.
MASS ATTENDANCE: All Catholics have the obligation to attend Mass every Sunday and on Holy Days of Obligation.

Parent/Guardian Name (Please print clearly): _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: Full Name: _____ Grade: _____