

Church of the Magdalene
525 Bedford Road
Sleepy Hollow, New York 10591
(914) 631-0529

May 2020

Dear Parents,

Religious Education Program

**Registration Forms for
New Students enrolling for first
time in any of our classes,
Kindergarten to 8th grade**

The following is a complete set of registration forms for our Religious Education Program. **If your child is new to our program and is in kindergarten, first grade or a higher grade**, please complete these forms and return them to the Religious Education Office, along with your child's **baptismal certificate** and tuition check made out to the Church of the Magdalene, to the address above as soon as possible. **All of our kindergarten and first graders will be in Level One of our Catechesis of the Good Shepherd** and will have a choice in second grade to enter Level Two of our Catechesis of the Good Shepherd program or Grade 2 of our Religious Education Program.

We have two programs that you can consider for your child **after 1st grade**:

Our Catechesis of the Good Shepherd Program will have 5 sections this year

Level One, Tuesday, 4:00 to 5:30 PM for all **kindergarten and 1st grade**

Level One, Thursday from 4:00 to 5:30 PM for all **kindergarten and 1st grade**

Level Two, Thursday from 4:00 to 6:00 PM for children age 6 to 9

Level Three, Thursday from 4:00 to 6:00 PM for children age 9 to 13

Our Classroom based Religious Education Program for grades 2 to 8

Grades 2 to 5, Tuesdays from 4:00 to 5:30 PM

Grade 6, Thursday, from 4:00 to 5:30 PM

Grades 7, and 8, Tuesdays from 7:00 to 8:15 PM

Tuition for grades Kindergarten to 8th is \$250 for the first child and \$75 for each additional child.

If you are not a parishioner, tuition is \$350 for the first child and \$75 for each additional child.

For our Level Two and Three of the Catechesis of the Good Shepherd, tuition is \$350 for the first child and \$75 for each additional child or \$450 for out of parish.

Please fill out the dismissal authorization form listing all your children regardless of grade level and program. If you have questions or concerns, please call me at 914 631-0529 or e-mail at dotmeehan@aol.com.

Dotty Meehan, Director of Religious Education (dotmeehan@aol.com)

Church of the Magdalene

525 Bedford Road, Sleepy Hollow, NY 10591 (914) 631-0529

2020 – 2021 New Student Religious Education Registration

Child's Name: _____

Address: _____

City, State, Zip: _____

Phone(s): _____ Cell phone _____

e-mail _____

Are you a member of the Magdalene? Yes No No, but I would like to join

If no, what parish do you attend? _____

Please check the class your child will attend

- CATECHESIS OF THE GOOD SHEPHERD**
 CGS I (grade K & 1), Tuesday, 4 – 5:30 PM
 CGS I (grade K & 1), Thursday, 4 – 5:30 PM
 CGS II (grade 2 to 4) Thursday, 4 – 6 PM
 CGS III (grade 5 to 8) Thursday, 4 – 6 PM

- CLASSROOM PROGRAM**
 Grade 2, Tuesday, 4 – 5:30 PM
 Grade 3, Tuesday, 4 – 5:30 PM
 Grade 4, Tuesday, 4 – 5:30 PM
 Grade 5, Tuesday, 4 – 5:30 PM
 Grade 6, Thursday, 4 – 5:30 PM
 Grade 7, Tuesday, 7 – 8:15 PM
 Grade 8, Tuesday, 7 – 8:15 PM

TUITION

Classroom Program & CGS I: Parishioners: \$250 for the first child, \$75 for each additional child

Out of parish: \$350 for the first child, \$75 for each additional child

CGS II & III: Parishioners: \$350 for the first child, \$75 for each additional child

Out of parish: \$450 for the first child, \$75 for each additional child

Parishioners must be registered in the parish, attend Sunday Mass, and use the envelope system.

Parent's Signature: _____ Date: _____

Church of the Magdalene
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Religious Education Registration Grade K-8

Student Information Record

Child's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Cell Phone: _____

Date of birth: _____ Age of September 1, 2020 _____

Siblings who are enrolled in the program

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Father's full

name: _____

Business address: _____

Business Phone: _____ Religion: _____

Cell Phone: _____ Occupation: _____

Mother's First/Maiden

Name: _____

Business Address: _____

Business Phone: _____ Religion: _____

Cell Phone: _____ Occupation: _____

Does your child have any special medical/emotional/learning needs? (will be held in the strictest confidence) YES NO

If yes, please describe:

PLEASE FILL OUT REVERSE SIDE OF THIS FORM

EMERGENCY CONTACTS (please provide two)

Name: _____ Relationship _____

Address: _____

Phone Number(s): _____ Cell Phone _____

Name: _____ Relationship _____

Address: _____

Phone Number(s): _____ cell Phone _____

Signature of Parent or Guardian

Date



SACRAMENTS	Date	Church	City, State
Baptism			
First Holy Communion			
Confirmation			