

**Church of St. Mel
Office of Faith Formation
26-15 154th Street
Flushing, New York 11354
Tel: 718 -461-9840**

June 2019

**Re: New Registration Form for Religious Education
School Year: 2019 - 2020**

Dear Parents/Guardians:

Enclosed please find a New Registration form for your child/children, who will be attending Religious Education classes at St. Mel for the 2019-2020 school year. The registration fee for 1 child is \$150.00 and for more than 1 child, the fee is \$175.00. Please make checks payable to St. Mel Church.

We ask that you take the time to fill out the form completely, with all the information requested, as we utilize this information in many ways throughout the year for the needs of your child/children as well as all the ways to communicate with you (e-mail, phone #, emergency contact, etc.).

Please return the completed form as soon as possible along with a copy of your child's Baptismal certificate.

We look forward to having your child begin their Religious Education classes at St. Mel in the Fall. Further information will be sent to you by the end of August, prior to the start of classes.

Should you have any further questions, please feel free to contact the Office of Faith Formation at stmelfaithformation@gmail.com and stmelsdderosa@gmail.com.

Thank you.

**Very truly yours,
Paula Migliore
Director, Religious Education**

ST. MEL SCHOOL OF RELIGIOUS EDUCATION

NEW STUDENT REGISTRATION FORM

2019 - 2020

Date of Registration: _____ Registering For Grade: _____

Student Date of Birth: _____ School Attending: _____
(Attending September 2019)

Student Name: _____

Student Address: _____

Parents Names: _____

Mail Addressed To: (Circle One) Mr. & Mrs., Mr., Mrs., Ms.

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: Relationship and Phone

1) _____

2) _____

Church of Baptism: _____ Date: _____

Previous Religious Education: _____ Years Completed: _____

Church of First Communion: _____ Date: _____

Father's Full Name: _____

Father's Religion: _____ Phone: _____

Occupation: _____

Mother's First & Maiden Name: _____

Mother's Religion: _____ Phone: _____

Occupation: _____

Names and Ages of Other Children Living At Home:

Please check and describe any special needs and/or considerations required by your child that we should know about. Please complete the Ability Needs Assessment on the following page.

Learning Disability: _____ Physical Disability: _____

Emotional Disability: _____ Medications: _____

Allergic Reactions: _____ Asthma: _____

Other: _____

FOR OFFICE USE ONLY

Family Tuition: 2019 - 2020: _____ Payment: _____

Cash/Check: _____

Need Baptismal Certificate: _____ Need First Eucharist Certificate: _____

Need Letter of Transfer: _____ Need Parish Verification: _____

Special Education Program – Ability/Needs Assessment

Conditions: Please check off area(s) that apply and give specifics):

___ **Physical Disability:** _____

___ **Developmental Disability:** _____

___ **Mental Illness:** _____

___ **Learning Disability:** _____

Method of Communication:

___ **Speech Understandable** ___ **Speech Difficult to Understand** ___ **Signs**

___ **Uses Communication Board/or Pictures:** _____

___ **Non-Verbal But Makes Needs Known:** _____

___ **Non-Verbal – Does Not Make Needs Known:** _____

Medical Problems or Considerations:

___ **Child Is On Medication – List All Medications:** _____

___ **Seizures:** _____ **Motor Difficulties:** _____

___ **Other:** _____

Educational Skills: Approximate Developmental Functioning Level: _____

Personal Profile: (To Help Give Us A Better Understanding About Your Child)

1. My Child Most Enjoys: _____

2. My Child Least Enjoys: _____

3. Needs The Most Help With: _____

4. Things That Do Not Work: _____

5. Special Concerns I Have: _____

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6. What I Expect Him/Her To Learn From This Class: _____

7. Suggestions or Other Comments: _____

Return completed form with registration fee and copy of baptismal certificate to the below address. The registration fee for 1 child is \$150.00 and for more than 1 child, the fee is \$175.00. Please make checks payable to St. Mel Church.

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