

**Church of The Epiphany Religious Education Program**  
**239 East 21 Street - New York, NY 10010**  
**212-475-1966 ext.: 113**

**REGISTRATION FORM for GRADES 1- 7**  
**2016-2017**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Registration for Grade \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the Student a baptized Roman Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Please note: A copy of the Baptism Certificate must be attached to this registration form.**

Public/Private School Student attends \_\_\_\_\_

**Required information:** Our Family is registered in The Epiphany Parish. \_\_\_\_\_

Our Family is not registered in a Parish. \_\_\_\_\_

Our Family is registered in the Parish of \_\_\_\_\_.

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***Parent Information:***

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

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

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Name & cell # of caregiver who will pick-up your child: \_\_\_\_\_

**Permission for your child to go home alone: Please sign** \_\_\_\_\_

**Please attach any information about your child that you believe would be helpful. (Allergies- IEP)**

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**EMERGENCY CONTACT PERSON If Parent is Unavailable**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Telephone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**Tuition: \$275 is due at registration.**

**Sacramental Fee for First Communion or Confirmation: \$300 is due November 16, 2016**

**Payment Plans are available upon request.**

**Please make checks payable to Church of The Epiphany**