

**ST. ISIDORE  
RELIGIOUS EDUCATION PROGRAM  
2024-2025 REGISTRATION FORM**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Church envelope # \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's First and Maiden Name \_\_\_\_\_

Child lives with Both \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

Home Phone # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Father's Cell \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_ (2024-2025)

Emergency Contact: Name- \_\_\_\_\_ Relationship- \_\_\_\_\_  
Phone-# \_\_\_\_\_

Was this student enrolled in our program last year? \_\_\_\_\_ if not, provide name and address of previous program: Parish \_\_\_\_\_

Address: \_\_\_\_\_

Does this child have any allergies? \_\_\_ If yes, to what? \_\_\_\_\_

Does this child have special needs /concerns? \_\_\_ If yes, please provide information.  
\_\_\_\_\_

**Sacramental Information: (If your child was not baptized in our parish, a copy of his/her Baptismal certificate is required for first time enrollment).**

Baptism: Church \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

First Holy Communion: Church - \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Registration Fee: 1 child \$120/2 children \$200/3 or more children \$225. Please make the check payable to St Isidore Church. Mail to St. Isidore Religious Education, Attn: Valerie Schwamborn 622 Pulaski Street, Riverhead, NY 11901.

**Payment: Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_**