

Summer Academy 2018

Pre-Registration / Lottery Card

Registration forms

Before Care Program / Extended Day Program

St. Benedict Religious Education Summer Academy 2018
Lottery Ticket for Registration 2018 - 1 card per family
Please Print clearly all information

ST. BENEDICT
CATHOLIC CHURCH AND SCHOOL

Parent/Guardian Name(s): _____

Student Information:

Student Name	Grade Sept. 2018

Contact Information:

Email: _____

Phone: _____

Preferred Week _____

ST. BENEDICT
CATHOLIC CHURCH AND SCHOOL



St. Benedict Catholic Church and School
165 Bethany Road
Holmdel, New Jersey 07733
Phone: 732.264.4712
Fax: 732.264.9080
www.stbenedictnj.org

January 2018

Dear Parents/Guardians,

RE: Religious Education 2018 Summer Academy

One of the choices of formation is a one week Summer Academy for Religious Education students in grades 1-6.

Registration for the 2018 Summer Academy begins in January 2018. Below, please find important information, requirements and dates.

1. Parent Meeting for families interested in the summer Academy will be held on Wednesday, January 17, 2018 at 5:00 p.m. in the Church.
2. Registration will be held by a lottery in the event we cannot accommodate all the families who have expressed interest.
3. An index card will be given out at the parent meeting that will be your pre-registration and ticket to the lottery for the program. The last day to hand in a completed pre-registration lottery ticket will be Thursday, January 25, 2018, if needed the lottery will take place on Friday, January 26, 2018 at 9:30 a.m. Families will be notified the following Monday, January 29, 2018 by email.
4. Registration forms and full tuition payment must be made by Monday, February 5, 2018 for us to hold your spot. If a family does not complete the requirements then a family on the wait list will be notified that they have a seat.

Please note the following:

1. All information regarding registration will be discussed and given out at the parent meeting.
2. Eligibility requirements, volunteering, curriculum and other important details will be discussed at the meeting.

The Dates and times for the Summer Academy:

- Session I: July 9 – July 13 from 8:30 – 3:00 p.m.
- Session II: July 16 – July 20 from 8:30 – 3:00 p.m.
- Session III: July 23 – July 27 from 8:30 – 3:00 p.m.

Lunch and Snack:

Parents/Guardians will be responsible for packing a healthy snack with a beverage and a complete lunch including a beverage each day of the summer program.

Be certain that you block out the three weeks on your calendar, your child would only attend one week. We cannot guarantee which session will be available for your child/children at the time of registration.

The Summer Academy is for students of St. Benedict Catholic Church and School who meet the eligibility requirements and the family agrees to the following terms of the Summer Program:

1. You are a registered parishioner of St. Benedict.
2. Your child/children will be in attendance for each day in the summer.
3. No late arrivals or early dismissals (including doctor appointments)
4. All students must attend four Family Days during the school year. Dates to be announced. If a student does not attend the Family Days they will have to repeat the school year.

Summer Program Fees:

- Tuition (Non-Refundable):

NUMBER OF CHILDREN	Summer tuition Rate
1	\$200.00
2	\$320.00
3	\$450.00

- Grade 2 students preparing for First Reconciliation and First Communion will be asked to make a onetime customary sacrament offering of \$50.00 in addition to the summer tuition rate.
- Before Care will be offered at 7:00 a.m. and EDP, (Extended Day Program) will be offered from 3:00 – 6:00 p.m. for parents/guardians who work and cannot pick up at 3:00 p.m. More information on fees for Before Care and EDP will be discussed at the parent meeting.

Yours in Christ,



Denise Contino, MA
Director of Faith Formation

SAINT BENEDICT FAITH FORMATION REGISTRATION FORM (GRADES 1-8) 2018/2019

Student's Name: _____
(Last name) (First Name)

Birthdate: _____ Gender: _____

Grade September 2018: _____

Special Needs (Medical / Learning disabilities / Physical disabilities):

Baptism Information
Date: _____
Parish: _____
Faith at Baptism: _____

Transportation arrangements (please explain):

Eucharist Information
Date: _____
Parish: _____

Father's Information:
Name: _____
Religion: _____
Cell: _____

Mother's Information:
Name: _____
Maiden Name: _____
Religion: _____
Cell: _____

Family Information:
Mailing Name: _____
Address: _____
City, State, ZIP: _____

Family Information:
Home phone: _____
Emerg. Phone: _____
Family Email: _____

I also consent to the use of any videotapes and or photographs in which my child may appear by the Diocese of Trenton and/or St. Benedict. I understand that these materials are being used for promotion of the parish which may include recruitment and fundraising efforts. The signature below allows the Faith Formation Program to provide all information on this form to the staff for parish / diocese purposes only.

Parent/Legal Guardian Signature: _____
Date: _____

For office use only:
Session: _____
Room: _____
Class: _____

Cash: _____
Check# _____
Amount: _____
Date / Initial: _____

Appendix I Emergency Contact Form



Diocese of Trenton
EMERGENCY CONTACT FORM

Please print or type all information below. Thank you.

Student's Name: _____
Last First Middle

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Phone: _____ Work Phone: _____

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

A. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

B. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

C. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

Are there any health conditions of which we should be aware? If so, please explain:

Parent/Legal Guardian Signature: _____ Date: _____

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Summer Acadey Parent Contract Summer 2018:

This contract must be read, signed and returned to the Religious Education office at the time of Registration. Each student that is registered in the program is required to have a signed contract. Registration will not be completed without this signed contract.

Student(s) Name(s): _____

I _____ agree to the terms listed below:
(Parent/Guardian –please print name)

1. I will educate my child, along with St. Benedict Catholic Church in our Catholic Faith.
2. My child will attend Mass on Sunday and Holy Days of Obligation.
3. My child will attend all five days of the Summer Academy and attend at least 4 family days during the year. The only excused absence will be those that are accompanied by a doctor's note.
4. I understand that Religious Education is an intellectual education as well as a spiritual experience.
5. My child will treat teachers, classmates and the property of others respectfully at all times.
6. My child and I will read The Religious Education handbook posted on the website.
<http://www.stbenedictholmdel.org/Parent-Resources>
7. My child will be dressed appropriately each day of the Summer Academy in accordance with the policy outlined in the Religious Education handbook.
8. I will check my email and the parish website regularly for changes and updates in the Religious Education program.

I agree to the above contract and will do my best to carry out the policies of St. Benedict Religious Education Program.

(Parent / Guardian Signature and date)

Before Care Extended Day Programs

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**ST. BENEDICT RELIGIOUS EDUCATION
BEFORE CARE REGISTRATION FORM**

PRE- PAYMENT MUST ACCOMPANY REQUEST

DUE: JUNE 1, 2018

FAMILY NAME: _____	GRADE: _____
CHILD NAME: _____	GRADE: _____
CHILD NAME: _____	GRADE: _____
CHILD NAME: _____	GRADE: _____
CHILD NAME: _____	GRADE: _____

**BE SURE TO CIRCLE THE DAYS OF THE WEEK YOU WISH TO USE.
DROP OFF BEGINS AT 7:00 AM**

5 DAYS/WEEK:	M	T	W	TH	F	\$40
4 DAYS/WEEK:	M	T	W	TH	F	\$32
3 DAYS/WEEK:	M	T	W	TH	F	\$25
2 DAYS/WEEK:	M	T	W	TH	F	\$16
1 DAY	M	T	W	TH	F	\$8

CHECK # _____ AMOUNT PAID _____

BALANCE DUE _____

Monthly charge due _____

Number of Children _____

Total this month _____

Prior Balance due _____

TOTAL NOW DUE: _____

Carol Cesario
cesario@stbenedictnj.org
732-264-4712 x24

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ST. BENEDICT RELIGIOUS EDUCATION EDP REGISTRATION FORM

PRE- PAYMENT MUST ACCOMPANY REQUEST

DUE: JUNE 1, 2018

FAMILY NAME: _____

CHILD NAME: _____

GRADE: _____

CHILD NAME: _____

GRADE: _____

CHILD NAME: _____

GRADE : _____

CHILD NAME: _____

GRADE: _____

BE SURE TO CIRCLE THE DAYS OF THE WEEK YOU WISH TO USE.

BE SURE TO CIRCLE YOUR PICK UP TIME / CHARGE FOR THE MONTH

						6:00pm	5:00pm	4:00pm
5 DAYS/WEEK:	M	T	W	TH	F	\$90	\$70	\$55
4 DAYS/WEEK:	M	T	W	TH	F	\$72	\$56	\$44
3 DAYS/WEEK:	M	T	W	TH	F	\$54	\$42	\$33
2 DAYS/WEEK:	M	T	W	TH	F	\$36	\$28	\$22
1 DAY	M	T	W	TH	F	\$18	\$14	\$11

CHECK # _____ AMOUNT PAID _____

Monthly charge due _____

Number of Children _____

BALANCE DUE _____

Total this month _____

Prior Balance due _____

TOTAL NOW DUE: _____

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