



**Saint Barnabas the Apostle Roman Catholic Church**  
**Office of Faith Formation**  
**2320 Bedford Avenue, Bellmore, NY 11710**  
**Phone: (516) 785-0130 Fax: (516) 221-0391**  
**E-Mail: [stbarnabasocf@yahoo.com](mailto:stbarnabasocf@yahoo.com)**

## **2024 – 2025 Family Registration Information**

Dear Parents/Guardians:

Our registration for the 2024-2025 Religious Education year has begun. Please note the following: **WE CANNOT ACCEPT FAXED OR E-MAIL REGISTRATION FORMS – ONLY THE ORIGINAL FORM WITH PAYMENT.**

The structure of our program will be:

- ❖ **For Grades 1, 2, 3, 4, 5 and 6:** We will be using the school building for once a week classes. We are offering a choice of three days and each day you have a choice of a session to attend – **all sessions will be filled on first come, first serve basis -once a day and/or session is full, it is closed.**

**Classes: Tuesday, Wednesday or Thursday: Session 1 – 4:30pm – 5:30pm**  
**Session 2 – 6:00pm – 7:00pm**

- ❖ **For Grades 7 and 8:** The students will meet twice a month in the Holy Family Chapel (lower church.) Each grade level meets separately alternating weeks – schedule will be provided – **sessions will be filled on first come, first serve basis – once a day is full, it is closed.**

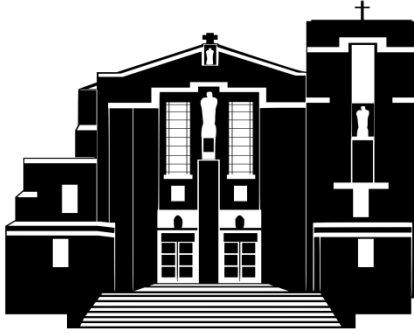
**Classes: Wednesday or Thursday : 7:00pm – 8:00pm**

- ❖ Do not delay registration due to financial hardship. Please contact Mrs. Marjorie Lampert to discuss accommodations, which will be managed confidentially.
- ❖ *If you are registering a First Grade student OR you are new to St. Barnabas Religious Education, please include a copy of their Baptismal certificate and transfer records if registering for grades 2 and above, or the registration will be returned to you.*
- ❖ *If your child has a Food Allergy you must print and send in the Food Allergy Form with your Registration Form.*
- ❖ *If someone other than the legal parent/guardian is picking up your child(ren) we MUST have the Parent Consent Form by the first day of class.*
- ❖ Your registration form and payment can be dropped off at our office or mailed to:  
St. Barnabas the Apostle  
Office of Faith Formation  
2320 Bedford Avenue  
Bellmore, NY 11710

**If you would like to pay by Debit/Credit Card you must come into the office to use the credit card machine WE CANNOT TAKE INFORMATION – PAYMENT USING CARD MUST BE DONE IN PERSON.**

Please call the Office of Faith Formation with any questions. May God continue to watch over and bless you and your loved ones!

God's blessings,  
Mrs. Marjorie Lampert  
Director of Faith Formation



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**Registration Form 2024 – 2025 Tuition & Sacrament Fees**

**We can NOT ACCEPT Faxed or E-mailed Registration Forms.**

**WE CAN NOT ACCEPT REGISTRATION IF ANY SPACE IS LEFT BLANK or Tuition and Sacrament Fees are not included.**

**ALL NEW LEVEL 1 STUDENTS: WE NEED A COPY OF THE CHILD’S BAPTISMAL CERTIFICATE SUBMITTED WITH REGISTRATION EVEN IF THEY WERE BAPTIZED AT ST. BARNABAS**

**ALL THOSE TRANSFERRING FROM ANOTHER PARISH: WE NEED A COPY OF THE CHILD’S BAPTISMAL CERTIFICATE EVEN IF THEY WERE BAPTIZED AT ST. BARNABAS AND TRANSFER LETTER FROM PREVIOUS PARISH SUBMITTED WITH REGISTRATION**

Single Child Registration – \$240.00

Family Tuition – \$310.00

First Communion Fee - \$110.00 per 2<sup>nd</sup> grade level student

Confirmation Fee - \$135.00 per 8<sup>th</sup> grade level student

**If paying using a Credit/Debit Card – you MUST come into the office to swipe or chip your card.**

**If paying by check please make check payable to “St. Barnabas”**

**If you have a financial hardship please call and speak to Mrs. Margie Lampert. All information is strictly confidential.**

Family Last Name: \_\_\_\_\_ Parish Envelope #: \_\_\_\_\_

You MUST be a registered parishioner of St. Barnabas. If you are not registered in St. Barnabas Parish, you can register at the Rectory or at the Religious Education Office **BEFORE** you register for Religious Education classes.

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ HomePhone #: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Father’s Religion: \_\_\_\_\_ E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_ Mother’s Religion: \_\_\_\_\_ E-mail \_\_\_\_\_ Occupation: \_\_\_\_\_

My child/children live with: Both Parents: \_\_\_\_\_/Mother: \_\_\_\_\_/Father: \_\_\_\_\_/Other-please Specify: \_\_\_\_\_

<u>Student Name</u>	<u>Male/Female</u>	<u>Date of Birth</u>	<u>School Grade &amp; School Attending</u>	<u>Day/session</u> <u>1<sup>st</sup> choice 2<sup>nd</sup> choice</u>	<u>Religious Ed Grade</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Are there any special circumstances that would be helpful to us in helping your child have a better experience? Examples: allergies (Diocese form Must be filled out and returned before classes start), special needs/education, attention issues, custody, recent deaths or serious illness in the family? **If "NO" please write "No" or "NONE" we can NOT accept blank**

Does your child require an Epi Pen? **Yes/No** **WE ARE NOT PERMITTED TO ADMINISTER MEDICATION OF ANY KIND – Please speak to the Director - Diocese Medical Form MUST be completed and return BEFORE the beginning of Religious Ed. School year.**

**Emergency Contact Information – OTHER THAN CHILD'S PARENTS**

**Name** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

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

**Parent/Guardian Commitment**

By signing this registration for my child(ren) to attend St. Barnabas Religious Education Program I acknowledge that I have read the Parent Handbook, which is available on-line or in the Religious Education Office and I will abide by the guidelines listed. I also understand that my child(ren) will receive a brief "Thoughtful and Safe" Video presentation each year my child(ren) are enrolled in our parish Religious Education Program. I understand the date of the presentation will be listed on my child(ren) grade level calendar and that I am welcome to attend the session with my child.

**Photo/Video Permission and Release**

I hereby grant permission, without reservation, to St. Barnabas the Apostle Religious Education Program, and to those authorized by St. Barnabas the Apostle Religious Education Program, to take photographs and to make recordings of my child or children and to use them in original or modified form in the parish bulletin, solely for the promotion, public education and/or informational purpose of St. Barnabas the Apostle Religious Education Program.

I understand and agree that I am entitled to receive no compensation for the above. I further agree that St. Barnabas the Apostle will be the sole owner of all tangible and intangible rights in the above mentioned photographs and recordings, with full power of disposition. I am the parent or guardian of the minor/minors named and I hereby consent to the foregoing on behalf of the minor(s) and myself.

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**  
.....  
**FOR OFFICE USE ONLY:**

**Amount Paid:** \_\_\_\_\_ **Cash/Check Number/Credit Card:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_