

S.P.A.R.E.
St. Philip the Apostle Religious Education
Home-Schooling Registration Form – 2010-11

492 Saddle River Road Saddle Brook, NJ 07663
Office phone number (201) 843-2240
www.reled-stphilipsb.org

Dear **S.P.A.R.E.**,

My name is _____; Kindly process the following:

	I am thinking about home educating my family. Please provide me information.
	I would like to be a member of the S.P.A.R.E. Home-Schooling program.
	I give permission to be on the S.P.A.R.E. Home-Schooling program-emailing list.
email address: _____	

HOME SCHOOLED STUDENTS

Home schooling programs are now offered to parishioners for Grades One through Seven. Baptismal and Sacramental Certificate copies are required and communication is crucial for the program to work. Sacramental years (First Reconciliation, First Eucharist in the Second Grade, and Confirmation in the Seventh Grade) require additional participation in St. Philip by both the parent(s) and the child(ren).

Child's Last Name	Child's First Name	Middle Initial	Sacrament Year?	Grade - 09/2010	Birth Date	School Child Attends
			Yes / No		/ /	
			Yes / No		/ /	
			Yes / No		/ /	
			Yes / No		/ /	
			Yes / No		/ /	

The fee schedule for the *S.P.A.R.E.* home schooling program:

Registration fee	One child	Two children	Three or more children
Paid before 5/23/2010	\$80	\$120	\$160
Paid after 5/23/2010	\$100	\$140	\$180

Waived for those who advised about intent before 5/23/2010.

This cost covers books, outline, class lesson plans, and review of four units completed per year.

I agree to these terms to home-school my child(ren) during September 2010 through August 2011.

Parent/Guardian Signature

Date

Address			
City, State, Zip Code			
Phone Numbers	Home ()	Cell ()	Cell ()

-----FOR OFFICE USE ONLY-----

Paid: (Y / N) **Payment:** Cash ___ (receipt Y / N) Cash Receipt # _____ Check ___ Check # _____ Amt: \$ _____
Number of Children Registered: ___ **Baptismal Certificate Submitted:** (Y / N / F / V) Amt with Late Fee: \$ _____
Date registered: _____ **Date processed:** _____ **Payment processed:** (Y / N) _____ **Bal. Due** \$ _____
DRE Interviewed: (Y / N) _____ **Other Information:** HSc / RE/RCIA/RCIYA _____ **Code:** _____