

OUR LADY HELP OF CHRISTIANS RELIGIOUS EDUCATION  
7396 Amboy Road Staten Island, NY 10307 347-838-6726  
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**OFFICE HOURS**

MONDAY THROUGH THURSDAY 10:00 AM TO 3:00 PM

**SUMMER OFFICE HOURS STARTING JULY 1ST**

MONDAY THROUGH WEDNESDAY 10:00 AM TO 2:00 PM

**REGISTRATION 2023-2024**

RELIGIOUS ED. CLASSES WILL BEGIN SUNDAY, SEPTEMBER 10<sup>TH</sup>, 2023.

ALL CLASSES WILL BE FILLED ON A FIRST  
COME, FIRST SERVED BASIS. PLEASE REGISTER EARLY TO GET  
YOUR CHOICE OF DAYS.

**REGISTRATION SHOULD BE COMPLETED BY JULY 1<sup>ST</sup>.**

Payment can be made in the following manner:

- A Deposit of ONE HALF the fee is due at registration
- You have the option to pay in full at registration.
- All fees must be paid in full by October 16<sup>th</sup>, 2023.
- Payment can be made by cash, check or Credit Card. Checks should be made out to "OLHC."
- ***\*\*\*IF YOU ARE HAVING FINANCIAL DIFFICULTIES, PLEASE LET US KNOW. NO CHILD WILL BE TURNED AWAY BECAUSE OF FINANCES. \*\*\****

***SIGNED MEDIA RELEASE FORM AND EMERGENCY FORM, AS WELL AS  
DISMISSAL FORM MUST BE ENCLOSED WITH  
REGISTRATION FORMS.***

**REGISTRATION FORMS MUST BE FILLED OUT COMPLETELY AND THE FIRST PAYMENT MUST BE ENCLOSED  
WITH THE FORM IN ORDER TO HOLD A SPOT FOR YOUR CHILD.**

**A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE IS REQUIRED FOR  
NEW REGISTRATIONS.**

All families must be registered in OLHC Parish in order for your children to be put on our roster. If you need a church registration form please call or email us.

**WAYS TO REGISTER:**

**1. IN PERSON REGISTRATION DATES:**

**TUESDAY, MAY 23<sup>rd</sup> 6:00 PM TO 7:30 PM**

**WEDNESDAY, JUNE 21<sup>st</sup> 6:00 PM TO 7:30 PM**

**REGISTRATION WILL BE HELD IN OUR OFFICE IN THE LOWER CHURCH. ENTER CHURCH FROM THE AMBOY ROAD PARKING LOT.**

**2. Mail Registration Forms and payment to:**

**OLHC Religious Education**

**Attention: Mrs. Joan Baggs**

**7396 Amboy Road Staten Island, NY 10307**

**3. REGISTRATIONS CAN ALSO BE DROPPED IN THE RECTORY MAIL SLOT ON AMBOY ROAD, OR BROUGHT TO OUR OFFICE DURING OFFICE HOURS.**

**THANK YOU TO OUR FAITHFUL CATECHISTS AND ASSISTANTS WHO ARE RETURNING!**

***PLEASE CONSIDER BECOMING A VOLUNTEER IN OUR PROGRAM.***  
**CONTACT ME AT [joan.baggs@olheparish.org](mailto:joan.baggs@olheparish.org) if you are interested in volunteering.**

***THANK YOU FOR BEING A PART OF THE OLHC FAMILY!***

**God Bless you and your families,**

**Mrs. Joan Baggs DRE**

## SCHEDULE OF CLASSES

### SUNDAY: 11:00 AM to 12:15 PM

GRADE 2 Ms. Dresch  
Mrs. Lazzara  
GRADE 4 Mrs. Comito  
GRADE 6 Mrs. Iallonardi  
GRADE 7 Mrs. Byrnes  
GRADE 8 Mrs. Pagan  
Special Needs TBA

### MONDAY: 4:00 PM to 5:15 PM

GRADE 3 Mrs. Cosgrove  
GRADE 4 Mrs. Lolacono and Mrs. Meehan  
GRADE 7 Mrs. Doyle  
GRADE 8 Miss Brady

### TUESDAY: 4:00 PM TO 5:15 PM

GRADE 5 Ms. Gamoka  
GRADE 6 Mrs. Volpe  
GRADE 7 Mrs. Ferraioli  
GRADE 8 Mrs. Centonza

### WEDNESDAY: 4:00 PM – 5:15 PM

GRADE 1 Mrs. Iacono  
GRADE 1 Mrs. Buonviaggio  
GRADE 3 Ms. Daragjati  
GRADE 5 Ms. D'Amelio  
GRADE 8 Mr. Pistilli

## **RELIGIOUS EDUCATION FEES**

### **NEW REGISTRATION AND RE-REGISTRATIONS**

**YOU MUST REGISTER YOUR CHILD EVERY YEAR IN ORDER TO RECEIVE SACRAMENTS ON TIME**

#### **GRADES 1-8**

**1 CHILD \$230**

**2 CHILDREN \$310**

**3 OR MORE CHILDREN \$370**

**All Fees need to be paid up by October 16<sup>th</sup>, 2023.**

#### **\* SACRAMENT FEES (in addition to Religious Ed. Fee)**

**First Reconciliation and First Holy Communion \$125.**

**Confirmation \$125**

**All Sacrament Fees are due November 1<sup>st</sup>.**

***PLEASE MAKE CHECKS PAYABLE TO "OLHC."***

#### **OLHC MASS SCHEDULE**

***Saturday: 4:30 PM***

***Sunday: 8:00 AM, 10:00 AM and 12:00 PM***

**OLHC Religious Education Registration**

Parent/Guardian full name \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Religion of Father \_\_\_\_\_

Religion of Mother \_\_\_\_\_

Father's cell \_\_\_\_\_ Mother's cell \_\_\_\_\_

Family Status: Married\_\_\_ Divorced\_\_\_ Separated\_\_\_ Single\_\_\_

If divorced or separated please complete:

Child[ren] live with: Both parents\_\_\_ Father\_\_\_ Mother\_\_\_

Other: Name \_\_\_\_\_

Do both parents have legal access? Both parents\_\_\_ Father\_\_\_ Mother\_\_\_

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

City State and Zip Code: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Can we send text messages? Yes\_\_\_ No\_\_\_

Are you a member of this Parish? Yes\_\_\_ No\_\_\_

**CHILDREN** (Fill out a section for each child being registered)

Child's first and last name: \_\_\_\_\_

Are you new to the program? Yes\_\_\_ No\_\_\_

Sex\_\_\_ Date of Birth\_\_\_\_\_ Returning student?\_\_\_ Grade \_\_\_

Day Requested\_\_\_\_\_ Teacher\_\_\_\_\_

Child's first and last name: \_\_\_\_\_

Are you new to the program? Yes\_\_\_ No\_\_\_

Sex\_\_\_ Date of Birth\_\_\_\_\_ Returning student?\_\_\_ Grade \_\_\_ \_\_\_\_\_

Day Requested:\_\_\_\_\_ Teacher:\_\_\_\_\_

Child's first and last name: \_\_\_\_\_

Are you new to the program? Yes\_\_\_ No\_\_\_

Sex\_\_\_ Date of Birth\_\_\_\_\_ Returning student?\_\_\_ Grade \_\_\_ \_\_\_\_\_

Day Requested:\_\_\_\_\_ Teacher:\_\_\_\_\_

Child's first and last name: \_\_\_\_\_

Are you new to the program? Yes\_\_\_ No\_\_\_

Sex\_\_\_ Date of Birth\_\_\_\_\_ Returning student?\_\_\_ Grade?\_\_\_ \_\_\_\_\_

Day Requested:\_\_\_\_\_ Teacher:\_\_\_\_\_

**FEES**

One Child \$230.00

Two Children \$310

Three or more Children \$370

**Payments may be made by cash or check. Checks made out to OLHC.**

**No child or family will be turned away for financial reasons. We can make arrangements.**

Parent's Signature \_\_\_\_\_

Paid Check # \_\_\_\_\_

Paid Cash \_\_\_\_\_

This form is to be used whenever children are photographed or video-ed in connection with parish religious education programs. Since religious education programs are parish-based, the parish is the entity being indemnified. No child whose parent/legal guardian has not signed a release may have his/her image recorded.

### MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian

Names of Children,

by OLHC Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish").

I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts.

I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Print Name

Signature of Parent or Guardian

Date

**OLHC Religious Education Emergency Medical Authorization (one form may be used for all children)**

FAMILY (Last Name) \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Child(ren)'s Name and Grade 1. \_\_\_\_\_

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

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

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill/injured while under OLHC authority, when parents/guardians can't be reached.

In the event reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_ (other parent/guardian) are unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary.

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_ or Preferred dentist \_\_\_\_\_ Phone \_\_\_\_\_, or in the event the designated preferred practitioner is not available, by another licensed physician/dentist; and (2) the transfer of the child to (preferred hospital) \_\_\_\_\_ or any hospital reasonably accessible.

\*\*\*\*\*

Facts concerning the child(ren)'s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian



Our Lady Help of Christians Office of Religious Education

2023/2024

Dear Parents,

It is extremely important we know who is picking your child up from class. Please list the name or names of the people we should release your child to. This is for your child's safety and security.

STUDENT NAME \_\_\_\_\_

PARENT CELL NUMBER: \_\_\_\_\_

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

My child can be released to:

NAME \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

If there is a change on any given day, we must receive a call at the Religious Ed Office to inform us or a written note to be given to the teacher. Please fill out 1 form for each child in the program.

Thank you,

Mrs. Baggs, DRE