

**ST. ISIDORE
RELIGIOUS EDUCATION PROGRAM
2025-2026 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 ___ (2025-2026)

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 # _____