



SAINT SHARBEL MARONITE CATHOLIC CHURCH

7 Reeve Street,
Somerset NJ 08873

732.828.2055
www.saintsharbelnj.org

Rev. Tony K. Akoury, Pastor

Rev. Mr. Joseph Chebli, Deacon

Registration

Please find enclosed the Application to both programs, as well as Photography Permission form.

Application must be filled out regardless of the program you choose (CCD or Arabic).

The registration fee is **\$150 per child for *registered parish members*** who pay their \$200 assessment and **\$250 for *non-registered parish members*** or unpaid assessment. Families with more than one child will receive a 20% discount per subsequent child. This fee will be used to offset some of the school's expenses: office supplies, building utilities, classroom needs and building maintenance. Full payment is due on the first day of school.

CCD classes are offered to everyone with a nominal fee of \$25 to defray the cost of the books. However, the registration form is still required.

First Communion candidates need to be enrolled in CCD for 2 years before their first communion year.

At the beginning of the Religious Education year in October all new candidates will be tested to determine their readiness and placement. It is preferred and recommended that children begin the Maronite religious classes at age 6.

Our classes are held on Saturdays, they begin first weekend in October and ending the last week-end before Memorial day week-end

1:30PM-3:00PM Arabic
3:00PM-3:30PM Recess
3:30PM-4:30PM CCD
5:00PM Divine Liturgy

Application can be returned vial Mail:

**St Sharbel Maronite Catholic Church
Attn: Sub-Deacon Joseph Chebli
7 Reeve St
Somerset NJ 08873**

Or could be hand delivered to Deacon Joseph Chebli

Teachers will accept a hand delivery application only during the year.



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REGISTRATION FORM FOR RELIGIOUS, HERITAGE AND ARABIC EDUCATION

ARABIC Registration

CCD Registration

New Students: Must include Baptismal Certificate if not baptized at St. Sharbel, NJ.

Registration Fees for CCD: \$25 including books

*Arabic: \$150 per child of registered parishioners.
(20% discount per subsequent child)*

FAMILY NAME: _____

Mailing Address: _____ City: _____ Zip Code: _____

Mother's Name (with Maiden name): _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____ Additional Cell Phone: _____

Email (1): _____ Email (2): _____

CHILD INFORMATION:

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female:

Birthplace (City & State) _____

School Attending: _____ Grade (in Sept 2016) _____

Religious Formation Grade: _____ Assigned to: _____

SPECIAL NEEDS/ALLEGERGIES: (Medical, Disabilities – Learning/Physical)

SACRAMENTAL INFORMATION:

Baptism: _____ Date: _____ Church: _____

First Communion: _____ Date: _____ Church: _____

EMERGENCY CONTACT NAME: (Must Not Be A Parent)

Name: _____ Telephone No: _____

Name: _____ Telephone No: _____

For Office Use Only:

Date of Registration: _____ Amount Paid: _____ Check No. _____ Cash: _____



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PHOTOGRAPHY CONSENT FORM

Throughout the year photographs are occasionally taken of children working in their classrooms or doing special activities. Photographs may be used in a display reflecting school activities, school yearbook, school or class newsletters, church or school websites, or in publicity releases.

Please Check what applies, sign, and date

I give permission for photographs to be taken and used as per the above statement.

I DO NOT give permission for photographs to be taken and used as per the above statement.

Student's Name(s): _____

Print Parent's Name: _____

Signature of Parent: _____ Date: _____

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