OUR LADY HELP OF CHRISTIANS RELIGIOUS EDUCATION
7396 Amboy Road Staten Island, NY 10307
Phone: 347-838-6726
joan.baggs@olhcparish.org, patricia.dresch@olhcparish.org

OFFICE HOURS

MONDAY THROUGH THURSDAY 10:00 AM TO 3:00 PM (July and August 10am to 1pm)

REGISTRATION 2026-2027

RELIGIOUS ED. CLASSES WILL BEGIN SUNDAY, SEPTEMBER 20TH, 2026.

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

All students should be registered by July 3rd .

ALL CLASSES ARE BEING CAPPED AT 15 STUDENTS.
*****No exceptions.*****

Payment can be made in the following manner:

- **We prefer you pay in full at registration.**
- **If need be we will accept a deposit of one half.**
- **All fees must be paid in full by SEPTEMBER 15th, 2026.**
- **Payment can be made by cash, check (made out to OLHC) or Credit Card (fee applies.)**
- ******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.

IN ORDER TO HOLD A SPOT FOR YOUR CHILD WE MUST RECEIVE A DEPOSIT

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

OLHC Religious Education

Attention: Mrs. Joan Baggs

7396 Amboy Road Staten Island, NY 10307

2. **REGISTRATIONS CAN ALSO BE DROPPED IN THE PARISH 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.

WE ARE IN NEED OF SEVERAL CATECHISTS AND ASSISTANTS.

Contact me at joan.baggs@olhcparish.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

RELIGIOUS EDUCATION FEES

NEW REGISTRATION AND RE-REGISTRATIONS

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

A Copy of the Baptism Certificate is required for new registrations.

GRADES 1-8

1 CHILD $300

2 CHILDREN $400

3 OR MORE CHILDREN $450

SACRAMENT FEES (in addition to Religious Ed. Fee)

First Reconciliation and First Holy Communion $150. Due February 1st.

Confirmation $150 Due November 1st.

PLEASE MAKE ALL CHECKS PAYABLE TO "OLHC."

OLHC MASS SCHEDULE

Saturday: 4:30 PM

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

All Catholics are required to attend Mass either Saturday night or Sunday, per the Catechism of the Catholic Church. Mass is an obligation and students must attend as part of the requirements for Religious Ed.

Our Lady Help of Christians

Office of Religious Education

7396 Amboy Road

Staten Island, NY 10307

IMPORTANT CONTACT INFORMATION OLHC RELIGIOUS ED.

Email:

Mrs. Joan Baggs DRE

joan.baggs@olhcparish.org

Ms. Patricia Dresch Secretary:

patricia.dresch@olhcparish.org

Office Phone: 347-838-6726

Office Hours:

Monday through Thursday 10:00 AM to 3:00 PM

******OFFICE IS CLOSED ON FRIDAYS******

Religious Ed. Cell Phone: 718-227-2441

****Cell phone number is to be used on Sunday's**

and Monday through Thursday 3:00 PM to 5:30 PM***

Office Location: Lower church. Enter church doors on AMBOY RD. Go down the steps to your left.

*****ALL RELIGIOUS ED. CLASSES ARE HELD IN THE SCHOOL BUILDING.*****

SCHEDULE OF CLASSES

SUNDAY: 10:45AM to 11:45 AM (Please note time change!!!)

FIRST COMMUNION PREP 2 (GRADE 2)

3 Classes: Mrs. Boyd, Ms. Dresch, and Ms. Brady

GRADE 3 TBA

GRADE 4 TBA

GRADE 5 Mrs. Cinquemani (Limited Availability)

GRADE 6 TBA

CONFIRMATION PREP 1 (GRADE 7) Mrs. Fraher

CONFIRMATION PREP 2 (GRADE 8) Mr. Pistilli

Special Needs TBA

MONDAY: 4:00 PM to 5:00 PM

GRADE 3 Mrs. Connolly

GRADE 4 Mrs. Metwally

GRADE 5 Mrs. Lazzara

GRADE 6 Mrs. Cosgrove

CONFIRMATION PREP 1 (GRADE 7) Mrs. Lolacono

CONFIRMATION PREP 2 (GRADE 8) Mrs. Martino

TUESDAY: 4:00 PM TO 5:00 PM

GRADE 3 Mrs. O'Connor

GRADE 4 Ms. Gomoka

GRADE 5 Mrs. Riviello

Grade 6 Mrs. Volpe

CONFIRMATION PREP 1 (GRADE 7) Mrs. Byrnes

CONFIRMATION PREP 2 (GRADE 8) Mrs. D'Amelio

WEDNESDAY: 4:00 PM – 5:00 PM

First Communion Prep 1 (GRADE 1)

Mrs. Orricchio, Mrs. Iacono , Mrs. Ferraioli, and Mrs. Gomoka

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___ Is there an IEP?_____

Day Requested_____ Teacher_____

Child's first and last name: _____

Are you new to the program? Yes___ No___

Sex___ Date of Birth_____ Returning student?___ Grade ___Is there an IEP?_____

Day Requested:_____ Teacher: _____

Child's first and last name: _____

Are you new to the program? Yes___ No___

Sex___ Date of Birth_____ Returning student?___ Grade ___Is there and IEP?_____

Day Requested: _____Teacher: _____

Child's first and last name: _____

Are you new to the program? Yes___ No___

Sex___ Date of Birth_____ Returning student?___ Grade ___Is there an IEP?_____

Day Requested:_____ Teacher:_____

FEES

One Child $300
Two Children $400
Three or more Children $450

Payments may be made by cash or check. Checks made out to OLHC. Credit card payments will be accepted. Credit card fee will be applied. No child or family will be turned away for financial reasons. We can make arrangements.

Parent's Signature_____

Paid Check # _____

Paid Cash_____

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:

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Date: ____________________

____ Signature of Parent or Guardian

Our Lady Help of Christians Office of Religious Education

2026/2027

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