

St. John Bosco Youth Education
Program for
Children with Special Needs



Bringing
GOD
To Special Needs
Children
Of our parish



RELIGIOUS EDUCATION CLASSES FOR CHILDREN WITH SPECIAL NEEDS 2021/2022

FAMILY NAME: _____

STREET ADDRESS: _____

CITY STATE _____ ZIP CODE: _____

HOME PHONE: _____

E-Mail will be used to notify you of cancellation and other important info.

PARENT E-MAIL ADDRESS _____

*****PARENTS/GUARDIANS*****

FATHER:

NAME: _____

WORK PHONE: _____

CELL PHONE: _____

RELIGION: _____

MARITAL STATUS: _____

MOTHER:

NAME: _____

WORK PHONE: _____

CELL PHONE: _____

RELIGION: _____

MARITAL STATUS: _____

I WOULD BE INTERESTED IN VOLUNTEERING

*SINCE THIS IS A NEW PROGRAM WE ASK THAT EACH FAMILY VOLUNTEERS IN SOME WAY

CATECHIST _____

AIDE _____

SET-UP _____

MUSIC _____

LAMINATING/CUTTING MATERIALS _____

MAILINGS/EMAILS _____

CLEAN UP _____

OTHER _____

REGISTERED AT THIS CHURCH: Y N

*****EMERGENCY CONTACT*****

IN THE EVENT OF AN ILLNESS OR AN EMERGENCY, DURING RE CLASS, PLEASE PROVIDE INFORMATION FOR *SOMEONE LOCAL OTHER THAN PARENT OR GUARDIAN*:

NAME: _____

PHONE NUMBER: _____

COMPLETE ONE FORM FOR EACH CHILD YOU WISH TO REGISTER

FAMILY NAME _____

STUDENT NAME: _____ GRADE IN FALL: _____

GENDER: _____ BIRTHDAY _____ SCHOOL: _____

SESSION TUESDAY 5:30-7:00

Sacramental Prep

____ 1st Reconciliation ____ 1st Communion ____ Confirmation

Religious Education

____ My student has a disability and is high functioning, but needs a smaller and more structured setting

____ My student has cognitive delays and needs an adaptive curriculum

CIRCLE GRADES OF CATHOLIC SCHOOL AND/OR RELIGIOUS EDUCATION COMPLETED: K 1 2 3 4 5 6

DATE NAME OF CHURCH ADDRESS:
BAPTISM: ____/____/____ _____

RECONCILIATION: ____/____/____ _____

1ST COMMUNION: ____/____/____ _____

***** MEDICAL INFORMATION *****

ANY INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.

DOES CHILD NAMED ON FORM REQUIRE ANY SPECIAL ATTENTION REGARDING AREAS LISTED BELOW? (PLEASE X ALL THAT APPLY):

ALLERGIES

- ____ Food (Specify)

- ____ Medications Allergic to (Specify)

- ____ Bee Stings
- ____ Other Allergies (Specify)

SPECIAL LEARNING NEEDS

- ____ Individual Education Plan (IEP)
- ____ Attention Deficit Disorder
- ____ Behavior Disorder
- ____ Learning Disorder
- ____ Hearing Limitations
- ____ Vision Limitations
- ____ Reading Limitations
- ____ Writing Limitations
- ____ Speech Limitations
- ____ Cognitive delay
- ____ Autism

ILLNESSES

- ____ Asthma
- ____ Seizures
- ____ Other (Specify)
- ____ Physical Limitations (Specify)

PLEASE EXPLAIN ANY CHECKED ABOVE:

IF YOUR CHILD TAKE MEDICATIONS ON A REGULAR BASIS THAT WE SHOULD BE AWARE OF? YES _____ NO _____

IF YES, PLEASE SPECIFY: _____

PERMISSION TO PHOTOGRAPH YOUR CHILD

Occasionally photographs are taken at Religious Education classes to be published in the bulletin.

_____ I do not want my child to be photographed while attending any Religious Education program.