

For Office Use

Family Name: _____

School Year: _____

Fee: _____ Check #: _____

Sacred Heart Roman Catholic Church, Royersford PA
2021-2022

PARISH RELIGIOUS EDUCATION PROGRAM

Complete Form. Print clearly. For first time registrations, please bring a copy of each child's Baptismal Certificate and applicable sacramental records.

Please complete for all students					*Required for New Students Only*		
Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Only* Baptism Date & Parish	1 st Penance Date	1 st Communion Date

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____
Street City Zip Code

Father's Name: _____ Work or Cell Phone #: _____ Religion _____

Mother's Name: _____ Work or Cell Phone #: _____ Religion _____

CUSTODY: Are there any custody/legal issues? yes no (If yes, please provide a complete copy of the latest court order.)

*Name of person responsible for Religious Education if **not** a Parent or Legal Guardian _____ Relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

I have read the Parent Handbook and agree to the requirements and expectations of the Sacred Heart Religious Education Program

I give permission for my child's name and/or image to appear on the parish website, parish bulletin, and recorded and/or live-streamed liturgies and events associated with the parish religious education program.

Signature _____ Date _____ Relationship to Child(ren) _____

EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone Number (home) _____ (cell) _____

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program	**Immunization Are your child's vaccinations up to date?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete information here or add any other information about your child that should be communicated?

* **IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

****Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Sacred Heart Parish.

Signed (Parent or Legal Guardian): _____ Date: _____