

For Office Use Family Name: _____ School Year: _____ Fee: _____ Check #: _____
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**NAME OF PARISH
CITY/TOWN**

PARISH RELIGIOUS EDUCATION PROGRAM

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	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 (Parish NAME) Religious Education Program
- I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren) _____

Family Name: _____

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

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

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 **(PARISH NAME)** Parish.

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

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 If no, has he/she received an exemption from your current school district <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 If no, has he/she received an exemption from your current school district <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 If no, has he/she received an exemption from your current school district <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.