Sacred Heart and St. Charles Borromeo Churches Parish Religious Education Program Registration Form – 2017-2018

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: Email:									
Father's Name:				Work or Cell Phone #:	Religion				
Mother's Name: Work or Cell Phone #: Religion									
CUSTODY: Are there any custody/legal issues? ves no (If yes, please provide a complete copy of the latest court order.)									
*Name of person responsible for Religious Education if not a Parent/Guardian									
Please check the box below I have (will) read the Par I give permission for my For First Penance, Holy	if you a ent Han child's p Commun	re in agree dbook and icture to a nion and C	ment with t l agree to th ppear on the onfirmation		f the Parishes' Religious Educa rds, & newspaper articles in re 1 for my child's name to be prir	tion Program. lation to events			
Signature	gnature Date Relationship to Child(ren)								

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

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EMERGENCY CONTACT INFORMATION:

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

Name:	Relationship:	Phone Number	(home)
	1		· /

(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 the Parishes.

Signed (Parent/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/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				□ YES □ NO
				U YES
				□ NO □ YES
				□ HES □ NO

Is there other information about your child that should be communicated?

^{*}As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

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Child(ren)'s Last Name:

Parent's Last Name:

Parish Information:

Are you registered in the Parish? <u>Yes or No</u> You must be registered in the parish for your child(ren) to attend religious education classes or have a letter from your pastor granting permission for your child to attend class here.

Registration fee for levels K through 8: 1 child, \$140____; 2 children, \$200____; family, \$250____. *Scrip credits can be used to pay the Registration Fee. Please let us know if you would like further information about this program.*

Classes begin September 11th. Your child must be registered <u>by September 7th</u> in order to attend class on the first night.

Monday class, 6:30 PM – 7:50 PM

I would like to volunteer as a classroom aide or help with the program in another capacity._____

__ Date_____

This may be mailed or dropped off to the parish office to the attention of:

Mrs. Lori Farrell, Coordinator of Religious Education Program Sacred Heart and St. Charles Borromeo Churches 3422 Dennison Ave. Drexel Hill, PA 19026 lfarrell@scbdh.org