

For Office Use:

Child's Last Name \_\_\_\_\_

School Year: 2022-2023

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**FAMILY PAGE**

## Sacred Heart, St Charles Borromeo and St Andrew

### PARISH RELIGIOUS EDUCATION PROGRAM

**FAMILY'S PARISH OF REGISTRATION:**     Sacred Heart     St. Charles     St. Andrew

**STREET ADDRESS:** \_\_\_\_\_

**CITY/ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

**WHICH PHONE NUMBER IS BEST TO REACH YOU?** \_\_\_\_\_

**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**

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

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I have read the Family Handbook and agree to the requirements and expectations of the Parish Religious Ed Program

I give permission for my child's name and/or image to appear on the parish website, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish website, and live-streamed and/or recorded 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 the parents listed above, 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 below on 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 Parish.

**Signed (Parent or Legal Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child(ren)'s Name(s):** \_\_\_\_\_

*\*\*Please also complete an Individual Child Page for each child being registered.*

Revised 5/10/22

For Office Use:  
Child's Last Name \_\_\_\_\_

*Please complete an Individual Child Page for each child being registered.*

**For first time registrations, please bring the child's original Baptismal Certificate.**

**Child's Full Name** (First, Middle, & Last): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_ Male \_\_\_\_ Female

**Grade Level:** \_\_\_\_\_ **Name of Day School:** \_\_\_\_\_

- Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino
- Race:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  
(Please choose only one)  Asian  White  
 Black/African American  Two or more races  
 Other  Prefer not to answer

**SACRAMENTAL INFORMATION**

**Baptism Date:** \_\_\_\_\_ **Baptism Parish/Town:** \_\_\_\_\_

**First Penance Date:** \_\_\_\_\_ **First Communion Date:** \_\_\_\_\_

**MEDICAL & LEARNING DATA** *(Please give any further information on the lines provided)*

**Medical Conditions or Allergies** (including food allergies)  Yes  No

**Prescribed Medications**  Yes  No

**Learning Support Services or \*Disability** *(see IDEA definition below)*  Yes  No

**IEP** *Individualized Education Program*  Yes  No

**\*\*Immunization Are your child's vaccinations up to date?**  Yes  No

*If no, has he/she received an exemption from your current school district?*  Yes  No

**Please 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.*