

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 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.*