

For Office Use Only

Fee: _____ Check/CA #: _____

Date Received: _____

Envelope #: _____

Parish Religious Education Program Registration Form

ST. STANISLAUS, LANSDALE, PA

2019-2020

Wed _____ Sun _____

**Are you registered in
St. Stanislaus parish?**

Yes No

Complete Form. Print clearly. For first time registrations, please bring a copy of each child's Baptismal Certificate if baptized in another parish.

Family Name: _____ Home Phone #: _____

Address: _____ Email(s): _____
Street City Zip Code

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

Father's Occupation: _____ Mother's Occupation: _____

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

Mother's Maiden Name: _____ Parental Status: Married Divorced Separated Remarried Single Parent

Child/Children live with: Parents Mother Father Guardian Step-Parent

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

initial I have read the Parent Handbook (found on the Parish website) and agree to the requirements and expectations of the St. Stanislaus Religious Education Program.

initial I give permission for my child's picture to appear on the Parish website, bulletin boards, newspaper articles, etc. in relation to events that happen in the Parish.

CONSENT FOR MEDICAL CARE:

initial I give permission that, in my absence, my children whose names appear on page 2 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 St. Stanislaus Parish.

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

Name: _____ (*Other than the parents*) Relationship: _____ Phone Number (home) _____
(cell) _____

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

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

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

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Child's Full Name First [Nickname,] Middle, & Last	Sex M/F	B i r t h		Grade Level	Name of Day School	B a p t i s m		1 st Penance Date & Parish (if not St. Stan's)	1 st Communion Date & Parish (if not St. Stan's)
		Date	City, State			Date	Parish Name City, State		
_____							_____		
_____							_____		
_____							_____		
_____							_____		

PRIOR RELIGIOUS EDUCATION: My child previously attended Religious Education at another parish.

Child's Name: _____ Parish Attended: *Parish Name* _____ *City* _____ *State* _____ Last grade completed: _____

Child's Name: _____ Parish Attended: *Parish Name* _____ *City* _____ *State* _____ Last grade completed: _____

Child's Name: _____ Parish Attended: *Parish Name* _____ *City* _____ *State* _____ Last grade completed: _____

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
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> 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.