

For Office Use Only

Fee: _____ Check/CA #: _____

Date Received: _____

Envelope #: _____

Parish Religious Education Program Registration Form

ST. STANISLAUS, LANSDALE, PA

2021-2022

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

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 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.

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/Legal Guardian _____ Relationship _____

*Parent/Legal 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: _____

**ST. STANISLAUS, LANSDALE, PA Parish Religious Education Program Registration Form
2021-2022**

Child's Full Name First [Nickname,] Middle, & Last	Sex M/F	<u>B i r t h</u>		Grade Level	Name of Day School	<u>B a p t i s m</u>		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 or Allergies <i>(please describe below)</i>	Prescribed Medications <i>If Yes, does the student carry it on their person?</i>	Learning Support Services or *Disability <i>(see IDEA definitions below) (please note type of disability/ support)</i>	IEP <i>Individualized Education Program</i>	**Immunization <i>Are your child's vaccinations up to date?</i>
	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <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 <i>If no, has he/she received an exemption from your current school?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <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 <i>If no, has he/she received an exemption from your current school?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <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 <i>If no, has he/she received an exemption from your current school?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Please note any other information about your child that you'd like to 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.*