

For Office Use -Do Not write in this Box...

Family Name: _____

School Year: 2020-2021

Fee: _____ Check #: _____

Parish Religious Education Program Registration Form SAINT ROSE OF LIMA PARISH

PLEASE..Registration Fee \$45.00 EACH for 1 or 2 Children and \$ 115.00 for 3 or more.

COMPLETE FORM -- PRINT clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate, if child WAS NOT baptized here in St. Rose's.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	PREP Level	Name of School	Baptism Date & Parish	1st Penance Church/Date	1st Communion Church/Date

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____

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

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

FAMILY BACKGROUND: MARRIED SEPARATED DIVORCED REMARRIED SINGLE PARENT LEGAL GUARDIAN
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/Guardian _____ Relationship _____
 I will read the Parent Handbook which will be given out at our Parent Mgt., and do my best to follow the requirements and expectations of the St. Rose of Lima Parish Religious Education Program
 I give permission for my child's picture to appear, with name, to be posted on the parish name website, bulletin boards, newspaper articles and all forms of social media in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren) _____
1 Please Turn---->

Family Name:

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EMERGENCY CONTACT INFORMATION: If we are unable to reach you, 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 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 Saint Rose of Lima Parish.

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

MEDICAL/LEARNING DATA – PLEASE INCLUDE ANYTHING THAT HELPS US HELP YOUR CHILD/CHILDREN, THANK YOU.

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	Does your child have a medication that must be carried and/or administered during PREPP? (Note name of medication if needed.)	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		<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.