

Parish Religious Education Program Registration Form **2011--2012**
 St. Robert Bellarmine Parish

**850 Euclid Avenue
 Warrington, PA 18976
 215-343-9433
 strobertprep@gmail.com**

For Office Use
Family Name: _____
School Year: _____
Fee: _____ Check #: _____

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

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

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Family Name: _____ Home Phone #: _____

Address: _____ Email: _____

Street

City

Zip Code

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

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

Mother's Maiden Name _____

Registered in St. Robert Bellarmine Parish yes no Registered in other Parish _____

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 _____

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

- I have read the Parent Handbook and agree to the requirements and expectations of the (Parish NAME) Religious Education Program
- I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren) _____

EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact Name: _____ Relationship: _____

Phone Number (home) _____ (cell) _____

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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 **St. Robert Bellarmine** Parish.

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

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?

* 1As 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.