

ST. PETER PARISH RELIGIOUS EDUCATION PROGRAM

at Pope John Paul II School
PLEASE PRINT AND COMPLETE BOTH SIDES

Student Name: _____
Last Name First Name Middle

Complete Addr: _____
Street Town Zip Code

Home Phone #: _____ Parent Cell #: _____

Birth Date: _____ Boy ____ Girl ____

School: _____ School Grade Sept 2010: _____ R.E.P./CCD Grade: _____

Today's Date: _____ Parent E-Mail: _____

Registered Parishioner of _____ Parish

Child Lives With: () Both Birth-Parents () Mother () Father
() Step-Mother () Step-Father () Other _____

Parent/Guardian Info.: Relationship: _____ Marital Status: _____
Full Name: _____ Religion: _____

Relationship: _____ Marital Status: _____

Full Name: _____ Religion: _____

Relationship: _____ Marital Status: _____

Full Name: _____ Religion: _____

Mother's Maiden Name: _____

Sacrament Date Church/Address

Baptism

Penance

First Eucharist

Confirmation

FIRST-TIME REGISTRATIONS

Baptismal Certificates and Certificates for any other Sacraments not received at your present parish must be provided at the time of registration.

Student Name: _____ Date of Registration: _____

PLEASE SELECT A FIRST AND SECOND CHOICE FOR GRADES 1 THROUGH 7 FOR THE 2010-2011 SCHOOL YEAR.

SESSIONS: Tuesday 1st thru 7th _____ 6:30 - 7:45 PM Wednesday 1st thru 7th _____ 6:30 - 7:45 PM

PLEASE ANSWER THE FOLLOWING COMPLETELY: IF IT DOES NOT APPLY, WRITE "NONE" OR "N/A":

Allergies, if so what _____
(include food and medicine allergies)

Chronic Illnesses, if so what _____

Any medicine your child takes on a regular basis _____

Any physical or learning disabilities* _____

Individualized Education Program IEP __ Yes __ No * 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/language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments of specific learning disabilities; and who, by reason thereof, needs special education and related services

PARENT EMERGENCY INFORMATION

Name: _____ Cell Phone Number: _____

Employer: _____ Job Title: _____ Phone: _____

Name: _____ Cell Phone Number: _____

Employer: _____ Job Title: _____ Phone: _____

Emergency Contacts (Other than Parents)

Relationship: _____ Name: _____ Phone: _____ Phone Type: _____

Emergency Contact #1 _____ . _____

Emergency Contact #2 _____ . _____

Family Doctor _____ . _____

Dentist _____ . _____

Hospital _____ . _____

Insurance Company/Policy #: _____

St. Peter Religious Education Program, its staff and volunteers, shall be held harmless from any/all liability, injury or damage that may occur. If an emergency arose, it might be necessary for a physician to attend to your child before the staff could reach you. Such care can be provide only if you sign the following authorization for medical treatment. I HEREBY AUTHORIZE THAT EMERGENCY MEDICAL AND/OR SURGICAL CARE MAY BE PROVIDED FOR MY CHILD. _____

Signature _____ Relationship _____ Date _____

SPECIAL FAMILY SITUATIONS

If there is any information regarding your family situation that would be helpful to your child's teacher, please note here: _____

In cases where the parents are divorced or separated, please list additional name, address and phone number for other birth/step parent. _____

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

*Provide a letter signed by a parent/guardian which gives permission and names this person as the one responsible for child's religious education.

I give permission for my child's picture to appear on the parish website, and other news media in relation to the parish. _____ initials

PLEASE CHECK AT LEAST ONE: teacher _____ classroom aide _____ substitute _____
I CAN HELP IN OUR PROGRAM BY: office help _____ babysitting _____ hall monitor _____

THANKS FOR YOUR HELP!

FEE SCHEDULE

PAID AMOUNT _____ CHECK # _____ CASH _____ DATE _____