

For Office Use

Parish: _____

Family Name: _____

School Year: _____

Fee: _____ Check #: _____

St. Francis Xavier/ Cathedral
Philadelphia, PA

PARISH RELIGIOUS EDUCATION PROGRAM

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

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

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 _____

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 or Legal 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 St. Francis Xavier Religious Education Program

→ I give permission for my child's picture to appear on the parish name website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child (ren) _____

Family Name:

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 **St. Francis Xavier** Parish.

Signed (Parent or 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 or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP <i>Individualized Education Program</i>	**Immunization <i>Are your child's vaccinations up to date?</i>
	→ YES → NO	→ YES → NO	→ YES → NO	→ YES → NO	→ YES → NO <i>If no, has he/she received an exemption from your current school district</i> → YES → NO
	→ YES → NO	→ YES → NO	→ YES → NO	→ YES → NO	→ YES → NO <i>If no, has he/she received an exemption from your current school district</i> → YES → NO
	→ YES → NO	→ YES → NO	→ YES → NO	→ YES → NO	→ YES → NO <i>If no, has he/she received an exemption from your current school district</i> → YES → NO

Please complete information here or add any other information about your child that should 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.*