

ST. PETER PARISH RELIGIOUS EDUCATION PROGRAM - 2011/2012

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.2011:** ____ **PREP/CCD Grade:** ____

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

Registered Parishioner of _____ **Parish**

Child Lives With: Both Birth-Parents Mother Father Adoptive Parents
 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 THE 2011-2012 SCHOOL YEAR (Sessions with marked with ** are limited to "Participating Families" only unless prior permission to attend is granted by Fr. Fitzpatrick).

SESSIONS (Grades 1 - 7): **Sunday _____ 9:00 AM - 10:15 AM ; Tuesday _____ 4:45 PM - 6:00 PM;
Thursday _____ 6:30 PM - 7:45 PM

SESSION (Grades 4, 5, 6 ONLY): **July 18 - 22 and July 25 - 29 _____ 9 AM - Noon

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 provided 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. _____

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

THANKS FOR YOUR HELP!

FEE SCHEDULE

PAID AMOUNT _____ CHECK # _____ CASH _____ DATE _____