

For Office Use

Family Name: _____

School Year: _____

Fee: _____ Check #: _____



St. John the Baptist Parish, Ottsville, PA
 Parish Religious Education Program
 2021-2022 NEW Student Enrollment Form

Select Preferred (circle) Class Session: MONDAY / TUESDAY, 6:15pm – 7:30pm

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/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. John the Baptist 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.

Family Name:

ST. JOHN THE BAPTIST PARISH – PREP

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) _____

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. John the Baptist** 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 or Allergies (please describe below if Yes)	Prescribed Medications	Learning Support Services or *Disabilities (see IDEA definition below)	IEP Individualized Education Program	**Immunization Are your child's vaccine's up to date
	<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 If No, is he/she exempt from their current school district?
	<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 If No, is he/she exempt from their current school district?
	<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 If No, is he/she exempt from their current school district?

Is there other information about your child that should be communicated?

***IDEA:** As defined by Individuals with Disabilities Education Act, 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.

**** IMMUNIZATION:** Even if your child is exempt from immunization, he/she may be excluded from school during an outbreak of the vaccine preventable disease.

ST. JOHN THE BAPTIST PARISH – PREP

Check List for submitting registration:

1. Did you attach a copy of each child's Baptismal Certificate? Adoption Papers?
2. If applicable, did you attach a copy of any Court Ordered documents relating to custody and parental permissions for your Child?
3. If applicable, did you attach a copy of your child's Medical records?
4. If applicable, did you attach a copy of your child's IEP report.
5. Any prior complaints of behavioral difficulties demonstrated in similar surrounds (i.e. separation anxiety)?

If you have any additional information that you think is pertinent to the care and welfare of your child while in class, please share that with us.

The above requested information and any documents submitted are strictly confidential.