



**St. John the Baptist Parish, Ottsville, PA**  
**Parish Religious Education Program**  
**2019 – 2020 New Student Enrollment Form**

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

<b>For Office Use</b>	
Family Name: _____	
School Year: _____	
Fee: _____	Check #: _____

**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 <sup>st</sup> Penance Date	1 <sup>st</sup> 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/Allergies	Does your child have a medication that must be carried and/or administered during PREP?	Disability* / Learning Support Services	Individualized Education Program <b>IEP</b>
		<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
		<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? \_\_\_\_\_

\* 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 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.

**ST. JOHN THE BAPTIST PARISH – PREP**