

For Office Use

Family Name _____ ID # _____

School Year: 2011-2012

Fee: _____ Check # _____

Date: _____ Received by _____ (initials)

PARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION
NATIVITY OF OUR LORD

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 in Sept.	Name of Day School	Baptism Date & Parish	1 st Penance Date

Family Name _____ **Home #** _____

Address: _____ **Email:** _____
(Street) (City) (Zip Code)

Father's Name _____ **Work or Cell Phone** _____ **Religion** _____
(Last) (First)

Mother's Name _____ **Work or Cell Phone** _____ **Religion** _____
(Last) (First) (Maiden)

Parental Status: Married: Divorced: Separated: Remarried: Single Parent:

Child Lives with: Parents: Mother: Father: Guardian: Step-Parent:

Emergency Contact Information:

If we are unable to reach you, whom should we contact?

Name _____ Relationship _____ Phone # (home) _____ (cell) _____

I grant Bradley Video permission to post pictures of my child making a sacrament on a secure website from which I may order prints.

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

* Please provide a notarized letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)'s religious education.

I understand that the Parent Handbook is posted on the Parish website, and I agree to abide by the requirements and expectations of the Nativity of Our Lord Religious Education Program

Please check box if there are custodial/illegal issues regarding any child listed on the previous page.

I give permission for my child's picture to appear on the Nativity of Our Lord website, bulletin boards, or newspaper articles that happen in the Parish.

Signature _____ Date _____ Relationship to Child(ren) _____

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 Nativity of Our Lord 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	Prescribed Medications	Disability*/Learning Support Services	Individualized Education Program IEP
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> 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 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."