

SAINT ISAAC JOGUES RELIGIOUS EDUCATION REGISTRATION 2017 - 2018

REGISTRATION SIGN-UP DEADLINE: JUNE 25, 2017

Family Name _____ Date: _____ Parish of Registration _____

(If you live in another parish, and are a new registrant in our CCD program, you must attach a letter of permission from the pastor of your current parish)

Father's **Full** Name _____ Mother's **Full First & Maiden Name** _____ Step-Parent/Guardian Name _____

Religion _____ Religion _____ Religion _____

Living/Deceased _____ Living/Deceased _____ Living/Deceased _____

Please explain any different family situation. (i.e. separation, divorce, joint custody, children living with grandparents, etc.) All information is kept confidential.

Address _____ City _____ State _____ Zip _____

Home Tel # _____ Dad's work # _____ Mom's work # _____

E-Mail # _____ Dad's cell # _____ Mom's cell # _____

Emergency Contact Name & Phone # (other than above)
Name _____ Address _____ Telephone _____

SESSION A: Sunday 9:00-10:15 AM (1st Grade– 7th Grade)

SESSION B: Sunday 10:30-11:45 AM (Kindergarten – 12th Grade)

*Please list below the names of the children you are registering, their date and place of birth, grade level, **and the session they will attend in 2017-2018.***

For a child being registered for the first time, a copy of his/her Baptismal Certificate must be attached to this Registration Form.

NO NICK NAMES, FULL NAMES ONLY PLEASE. 2017 - 2018

First Full Name	M.I.	M / F	Place and Date of Birth	Grade	Session
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ALL STUDENTS MUST COMPLETE

Please check the boxes below to indicate which sacraments each child has already received.

Baptism	First Penance	First Holy Communion	Confirmation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above were received in a church not Catholic, please check here.

OFFICE USE ONLY

AMOUNT PAID: _____ DATE PAID: _____

CHECK NUMBER: _____ CASH: _____

NOTE: All Students Must Have Baptismal Certificate on File In Office of Religious Education

NOTE: BOTH SIDES OF FORM MUST BE COMPLETED and SIGNED, THANK YOU!

TUITION MUST ACCOMPANY REGISTRATION FORM:

\$100.00 PER CHILD

STUDENT WILL ATTEND: _____ **SCHOOL** **GRADE:** _____
(Name of School Attending 2017-2018)

LIST OF ADULTS AUTHORIZED TO PICK UP CHILDREN

Children in grades K THROUGH 4 must be dropped off and picked up IN THE CLASSROOM at the end of class by an authorized adult. This policy does NOT apply to students in grades 5 through 12. If you are registering any children in grades K through 4, please list below the persons whom you are authorizing to pick up these children. Please include yourself and, if applicable, your spouse.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Please inform all persons listed above that they should be prepared to identify themselves to our staff when they come to pick up your children. If a catechist is not familiar with a person coming to pick up a student, that catechist is authorized to ask to see I.D.

If there is anyone who might come for your children whom you do NOT wish us to release them to, please give name and brief explanation here:

SPECIAL HEALTH CONDITIONS

If any of your children experience officially diagnosed ongoing **physical, mental, or emotional** health problems, such as **allergies, learning disabilities, fainting, convulsions, stomach upsets, frequent headaches, asthma or respiratory problems, high blood pressure, heart problems, possible reactions to medication, Asperger's, ADHD, or any other condition that we should know about**, please explain those conditions below. Explain any special restrictions on activities (including snacks) that this condition may necessitate. If you need more space, please attach an extra sheet, and, if possible, attach a note from your child's physician.

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

MEDICATIONS

If your child(ren) is/are on medication, including insulin and/or medication for allergies, which must accompany the child to class or might affect his/her behavior, please attach a clearly written, signed note, including the name of the child, the name of the medication, and it's purpose. Medications brought to class should be in their original containers with prescription and/or store labels. If special help is needed storing or administering this medication, please explain thoroughly in your note.

SIGNATURE/EMERGENCY WAIVER

I have completed all parts of this registration form. I will exercise good judgment in regard to my child's/children's health, safety, and well-being, while participating in this program. In case of a life-threatening emergency, or any emergency in which I or those designated by me on this form cannot be contacted, I authorize the staff of the Office of Religious Education to call 911 or to take any other action necessary for the safety of the (child/children) I have listed on this form.

SIGNATURE PARENT/GUARDIAN _____ **Date:** _____

*Drop off or mail to: St. Isaac Jogues Office of Religious Education,
or
Registration Forms may also be put in an envelope in the collection basket marked Religious Ed-CCD
50 W. Walker Rd., Wayne, PA, 19087
(610) 687-2481*