SAINT ISAAC JOGUES RELIGIOUS EDUCATION REGISTRATION 2016 - 2017

REGISTRATION SIGN-UP DEADLINE: JUNE 26, 2016

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– 6th Grade)**

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

SESSION C: **Wednesday 6:00-7:15 PM (1st Grade – 5th 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 2016-2017.
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.

First Full Name	M.I.	M / F	Place and Date of Birth	2016 - 2017 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
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

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**

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STUDENT WILL ATTEND: _____SCHOOL GRADE:_____
(Name of School Attending 2016-2017)

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:

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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