

**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 (1<sup>st</sup> Grade– 7<sup>th</sup> Grade)**

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

**SESSION C: Wednesday 6:00-7:15 PM (1<sup>st</sup> Grade – 5<sup>th</sup> 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.**

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*