

Saints Philip and James
Religious Education Program
New Registration
2018-2019
Levels PK-K

Child's Last Name _____ First Name _____

Grade in September, 2017 _____ School _____

Address:

Home Phone Number: _____ Mother's Cell: _____

Father's Cell _____

Primary email address: _____

Second email address (if you wish communication sent to another address): _____

Mother's First and Maiden Name _____

Living Deceased

Mother's Religion _____

Father's Name _____

Living Deceased

Father's Religion _____

Child resides with: _____ both parents

_____ both parents part-time (shared custody)

_____ mother only _____ father only _____ guardian

Is there a custody agreement? _____ YES _____ NO

If there is a custody agreement, please provide the Religious Education Office with a copy. This will be confidential.

SACRAMENTAL INFORMATION

Baptism: Church _____ City and State _____

Date of Baptism: _____

First Penance: Church _____ City and State _____

Date of First Penance: _____

First Eucharist: Church _____ City and State _____

Date of First Eucharist: _____

Confirmation: Church _____ City and State _____

Date of Confirmation: _____

Has this child attended Religious Education Classes in the past? _____ Yes _____ No

If yes, where did the child attend classes?

What Level was completed? _____

Please request a letter from the Church or school where the child previously attended Religious Education classes verifying the attendance.

EMERGENCY CONTACT INFORMATION

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

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Consent for Medical Care:

I give permission that, in my absence, my child, whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program at SS. Philip and James Parish.

Signed _____(Parent or Guardian)

Please describe any medical conditions or allergies—

Does the child have a disability? *

* As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child: "with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), 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

PHOTO PERMISSION

I give permission for my child’s picture to be displayed:

In the Church Bulletin (Bulletin is available online as well as print.) _____Yes ___No

On the PREP Facebook page _____Yes___No

In the Narthex of Church _____Yes___No

Parent/Guardian Signature _____

CLASS TIME/DAY PREFERENCE

Please check the time you prefer your child to attend class.

LEVEL PK 4

(must be 4 years old by September 1, 2018)

_____ Sunday 10:30 to 11:30

LEVEL K

_____ Sunday 10:30 to 11:30

LEVEL 1

_____ Family-Based Catechesis (Pilot Program level one only)

_____ Tuesday 4:15-5:30 (Level one only)

_____ Tuesday 6:30 to 7:45

_____ Wednesday 6:30 to 7:45

LEVELS 2 THROUGH 6.

_____ Tuesday 6:30 to 7:45

_____ Wednesday 6:30 to 7:45

PLEASE RETURN ALL FOUR PAGES OF THIS THIS COMPLETED FORM TO:

**ATTENTION: SISTER MARY ANN SPAETTI, IHM
RELIGIOUS EDUCATION OFFICE
721 E. LINCOLN HIGHWAY EXTON, PA 19341.**

THE FORM MAY BE DROPPED AT SS. PHILIP AND JAMES SCHOOL OR SS. PHILIP AND JAMES RECTORY.

PLEASE COMPLETE THE SEPARATE FEE FORM AND DROP IT OFF WITH YOUR PAYMENT.