

For Office Use

Family Name: _____

School Year: _____

Rec: _____ Check #: _____

Parish Religious Education Program Registration Form

OUR LADY OF CONSOLATION

7056 TULIP STREET

PHILADELPHIA, PA 19135

Complete Form. Print clearly. For first time registrations, please bring one copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level (*16/*17)	Name of Day School	Baptism Date & Parish	1 st Penance Date	1 st Communion Date	Applying for PREP Level

Parish Registration: OIG Other (please specify) _____ Not registered in any parish _____

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____

Father's Name: _____ Work or Cell Phone #: _____ Religion _____

Mother's Name: _____ Work or Cell Phone #: _____ Religion _____
CHILDREN LIVE WITH: BOTH MOTHER FATHER STEPPARENT GUARDIAN

CUSTODY: Are there any custody/legal issues? yes no (If yes, please provide a complete copy of the latest court order.)

*Name of person responsible for Religious Education if not a Parent/Guardian _____ Relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the DRB which is to be kept on file and updated annually.

I agree to read the Parent Handbook and abide by the requirements and expectations of the St. Timothy Parish Religious Education Program

I give permission for my child's picture to appear on the parish website, bulletin boards, newspaper articles and all social media in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren) _____

Please Turn →

Parish Religious Education Program Registration Form

OUR LADY OF CONSOLATION CHURCH

Family Name: _____

Date _____ Relationship to Child(ren) _____

EMERGENCY CONTACT INFORMATION:

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

Name: _____ Relationship: _____ Phone Number (home) _____ (cell) _____

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 (PARISH NAME) 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

Is there other information about your child that should be communicated?

* 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.