

CHURCH OF SAINT MARY

2015-2016 Religious Education

2015 - 2016 Registration Fees:

Level 1 - 6: 1 Child - \$200.00; 2 Children \$255.00; 3 or more - \$310.00
 Little Church: _____ (Kindergarten & PreK) \$0.00 per child.

Family Name: _____ Home Phone #: _____

Address: _____

City: _____ zip _____

For Official Use	
Fee: _____	Date _____
Check # _____	Cash \$ _____
Initials: _____	

Mother's Name: _____ Cell: _____

Religion: _____ email 1: _____

Father's Name: _____ Cell: _____

Religion: _____ email 2 _____

Student Name: _____ Sex: _____ Date of Birth: _____ Youngest Child in Little Church (PreK or K)
 Youngest Child in Religious Education (level 1 & up)

Currently Entering Religious Ed Level _____ **Requesting Session:** Monday Tuesday Sunday (please note: PK & K: Sunday only)

School District and School Name _____ **School Grade:** _____ Levels 1-6: Monday or Tuesday

check if Xfer from another Religious Ed Program Name of Program _____ Please supply transfer letter from previous director or last report card

Sacramental Information:

Baptism	First Reconciliation	First Eucharist	Confirmation
Date: _____	Date: _____	Date: _____	Date: _____
Church _____	Church _____	Church: _____	Church: _____
City & State _____	Mother's Maiden name as listed on Baptismal Certificate _____		
Denomination _____	Father's name as listed on Baptismal Certificate _____		
of Baptism: _____			

Custody: Are there any custody/legal issues regarding this child? Yes No (If yes, please provide a complete copy of the latest court order.)

List Name of Person * responsible for Religious Education, if not Parent / Guardian: _____

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

I give permission for my child to participate in Safe Environment Lessons as outlined on www.archphila.org/catechetical/resources/resources.

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

***Please Note: We need a COPY of your child's BAPTISMAL CERTIFICATE with this registration form.**

Signature: _____ Date: _____ Please turn - - - ->

Saint Mary Parish
Religious Education Program
Medical Registration Form

40 Spring Mount Road
 Schwenksville, PA 19473
 Office of Religious Education (610) 287-4517

Student's First, Middle, Last Name: _____ Family Name: _____

EMERGENCY CONTACT INFORMATION:

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

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

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my child may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Mary Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL / LEARNING DATA

If any of the following apply to your child, please give details in the appropriate spaces. Attach additional paper if necessary

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				<input type="checkbox"/> YES ** <input type="checkbox"/> NO

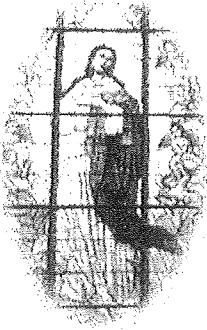
Is there other information about your child that should be communicated?

* 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."
 ** We encourage you to share all information, so that we may support and make your child's religious education experience consistent and therefore more pleasant, loving and successful.

Signature _____ Date _____ Relationship to Child _____

A Separate form is needed for each student

Please Turn--->



Church of Saint Mary

One Faith, One Family, One Spirit

Office of Religious Education
Kathleen Wasniewski, Coordinator of PREP
Donna Forsyth, Secretary of PREP

Photo/Video/Church Website/ Church Facebook Church Bulletin/Program Booklets Release Form School Year 2015- 2016

I, _____, hereby give the Archdiocese of Philadelphia/
Saint Mary Church, its successors and assigns and those acting with authority, the unqualified
right and permission to reproduce, copyright and circulate pictures and/or video of my child
produced and filmed by the Archdiocese of Philadelphia/ Saint Mary Church.

I hereby warrant that I am free to give this permission. I further warrant that the information I
have provided is to the best of my knowledge, true and accurate.

Signature of Parent/Guardian

Date

Student's Name

Date of Birth

Home Address

City, State, Zip