



St. Mary Magdalen Parish

Media, PA

For Office Use:

Family Name: _____
School Year: _____
Fee: _____
Check #: _____

PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION

FAMILY NAME: _____

ADDRESS: _____

CITY/ZIP CODE: _____

E-MAIL: _____

HOME PHONE: _____

FATHER'S NAME: _____

WORK OR CELL #: _____

RELIGION: _____

MOTHER'S NAME: _____

WORK OR CELL #: _____

RELIGION: _____

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 or Legal Guardian

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

Relationship: _____

I have read the Family Handbook and agree to the requirements and expectations of the St. Mary Magdalen Parish Religious Education Program.

I give permission for my child's name and/or image to appear on the parish website, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Parent/Guardian Signature _____

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 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 **St. Mary Magdalen Parish**.

Signed (Parent or Legal Guardian): _____

Date: _____

Please complete this page (2) for each child your register separately.

Number of Children
To Register: _____

Please Complete Form—Print clearly. For first time registrations, send a copy of the baptism certificate. Thank you!

Family Name: _____

Child's Full Name (First, Middle, & Last): _____

Date of Birth and Place of Birth: _____

Sex: Male Female

Grade Level: _____

Name of Day School: _____

Baptism Date: _____ **Parish/Town:** _____

First Communion Date: _____

Ethnicity: Hispanic/Latino Non- Hispanic/Latino

Race: American Indian/Native Alaskan Native Hawaiian/Pacific Islander
(Please choose only one) Asian White
 Black/African America Two or more races
 Other Prefer not to answer

Medical/Learning Data

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) Yes No

Prescribed Medications Yes No

Learning Support Services or *Disability (see IDEA definitions below) Yes No

IEP Individualized Education Program Yes No

****Immunization Are your child's vaccinations up to date?** Yes No

If no, has he/she received an exemption from your current school district? Yes No

Please complete information here or add any other information about your child that should be communicated?

* **IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

****Immunization:** Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine-preventable disease.