



SAINT JOSEPH PARISH CCD RELIGIOUS EDUCATION PROGRAM 2015-16 REGISTRATION FORM



Please print clearly. For first time registrations, please bring an original of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	IF NEW STUDENT: Baptism Date & Parish	IF NEW: 1 st Penance Date	IF NEW: 1 st Communion Date

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____

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

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

Name of Person responsible for Religious Education if not Parent/Guardian: _____ Relationship: _____

☐ Please check box if there are custodial/legal issues regarding any child listed above and provide a complete copy of the court order.

CONSENT FOR MEDICAL CARE, USE OF CHILD(REN)'S PICTURE AND USE OF CHILD(REN)'S NAME IN PUBLICATIONS

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 Saint Joseph Parish.

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

For First Penance, Holy Communion and Confirmation candidates only: I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note: the parish bulletin may also be posted on the parish website.

Signature _____ Date _____ Relationship to Child(ren) _____

Please Turn---→



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EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact? **PLEASE LIST SOMEONE OTHER THAN PARENT**

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

MEDICAL/LEARNING DATA

If any of the following apply to your child, please 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
				<input type="checkbox"/> YES <input type="checkbox"/> NO

* 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.

OTHER IMPORTANT DATA

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

PLEASE MAIL THIS FORM WITH THE APPLICABLE REGISTRATION FEE TO:

WILLIAM J. BOYCE, CCD COORDINATOR, ST. JOSEPH PARISH CENTER, 7631 WATERS RD., CHELTENHAM, PA 19012

	paid by July 5	paid between July 6 and Aug. 2	paid after Aug. 2
1 child registering in family	\$100.00	\$115.00	\$125.00
2 children registering in family	\$135.00	\$150.00	\$160.00
3 or more children registering in family	\$170.00	\$185.00	\$195.00

Please Turn--->