For Office Use:

Family Name:_____

Fee: _____Check #:_____

Religious Education Program Registration Form 2022 – 2023

OUR LADY OF THE ASSUMPTION PARISH

Revised April 1, 2022

Complete Form. Print clearly. For first time registrations, please bring an original and one copy 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	**For each child, please write:** **Family Catechesis = FC** **Weekly PREP (Monday) = WP**	Baptism Date & Parish	1st Penance Date & Parish	1st Communion Date & Parish

Family Name: _____ Home Phone #: _____

Address: _____Email: _____
Street City Zip Code

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

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

Mother's Maiden Name: _____

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

❑ I promise to read the Parent Handbook and agree to the requirements and expectations of the OLA Religious Education Program. A **signed agreement form** will be required.

❑ YES or ❑ NO I give permission for my child's name/or image to appear on the OLA website, bulletin boards, newspaper articles, 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.

Registration Fee: **$190.00 one child** **$350.00 two children** **$450.00 three or more children**

Additional Sacramental Fee: **Level 3 - $ 75.00 & Level 7 - $ 75.00**

The **PREP Registration** deadline for 2022-2023 is **Friday, May 16, 2022**. Please call the DRE at **610-688-6590** for confidential financial arrangements, if needed. Thank You!

Signature _____ Date _____ Relationship to Child(ren) _____

Please Turn---→

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LOCAL 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 Our Lady of the Assumption 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** *(please describe below if yes)*	**Prescribed Medications**	**Learning Support Services or *Disability** *(see IDEA definitions below)*	**IEP** *Individualized Education Program*	**** Immunizations** *Are your child's vaccinations up-to-date?*
	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO *If no, has he/she received an exemption from your current school district?* ❑ YES ❑ NO
	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO *If no, has he/she received an exemption from your current school district?* ❑ YES ❑ NO
	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO	❑ 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 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.*

Please Turn---→