

For Office Use
Family Name: _____
School Year: _____
Fee: _____ Check #: _____

DEAF APOSTOLATE, ARCHDIOCESE OF PHILADELPHIA
Religious Education Program Registration Form 2018-2019

Please check your preference for when your Child will receive Religious Education:
 - Sundays - before ASL or Interpreted Masses at St. Matthew School
 - Please contact the Deaf Apostolate to discuss other options for my child.

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	Baptism Date & Parish	1 st Penance Date	1 st Communion Date

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____ Please Print Clearly

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

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

Home Parish/Church: _____ City/Town: _____

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 DRE which is to be kept on file and updated annually.

I give permission for my child's picture to appear on the Deaf Apostolate website, bulletin boards, newspaper articles in relation to activities of the Deaf Apostolate.

Signature _____ Date _____ Relationship to Child(ren) _____

Family Name: _____

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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

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 intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), 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.

The fee for one child is \$50.00 and \$75.00 for two or more children in a family. If this fee is a difficulty please call and request special consideration.
Please submit completed form and registration fee payable to: Deaf Apostolate, 222 North Seventeenth Street - 8th Fl., Philadelphia PA 19103-1299
215-587-3913 phone / 215-587-3561 fax / 267-507-1215 video phone / sr.kschipani@archphila.org

Parent Religious Sign Class: ___ I/we plan to attend the parent ASL class each Sunday. (Names: _____)
 ___ I/we are unable to stay for the parent ASL class.