

**For Office Use**

Family Name: \_\_\_\_\_

School Year: 2011 – 2012

Fee: \_\_\_\_\_ Date \_\_\_\_\_

Check #: \_\_\_\_\_ Cash \$ \_\_\_\_\_

Fee: \_\_\_\_\_ Date \_\_\_\_\_

Check #: \_\_\_\_\_ Cash \$ \_\_\_\_\_

## Saint Philip Neri Parish Religious Education Program Registration Form 2011-2012

**Registration Tuition:**

**1 Child - \$200**

**2 Children- \$300**

**3 Children or more- \$ 400**

*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 2011-2012	Name of Day School	Baptism Date & Parish	1 <sup>st</sup> Penance Date	1 <sup>st</sup> Communion Date

**PLEASE PRINT**

Family Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ 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/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.

**Please check:**

Family Name: \_\_\_\_\_

participate in the Safe Environment Lessons as outline at [www.archphila.org/catechetical/resources/resources.htm](http://www.archphila.org/catechetical/resources/resources.htm).  
are to appear on the parish name website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child (ren) \_\_\_\_\_

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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 Saint Philip Neri 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 <b>IEP</b>
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<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?

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\* 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.

**Please return form to:**  
**Saint Philip Neri**  
**Mr. Jeffrey Daley, DRE**  
**565 Main Street**  
**East Greenville, PA 18041**

**Email:** [egneri@comcast.net](mailto:egneri@comcast.net)  
**Work:** 215-541-3120  
**Fax:** 215-541-1398

**Church Collection Basket:**  
**Mark Envelope:**  
**PREP Registration**