

**For Office Use**

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

School Year: \_\_\_\_\_

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**DEAF APOSTOLATE, ARCHDIOCESE OF PHILADELPHIA**  
**Religious Education Program Registration Form 2015-2016**

Please check your preference for when your Child will receive Religious Education:

- Sundays - before or after ASL or Interpreted Masses.
- During the week. Which evening would be best for you? \_\_\_\_\_
- Pennsylvania School for the Deaf - After School if possible
- 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 <sup>st</sup> Penance Date	1 <sup>st</sup> Communion Date

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 \_\_\_\_\_

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) \_\_\_\_\_

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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 <b>IEP</b>
				<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 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 - 8<sup>th</sup> Fl., Philadelphia PA 19103-1299**  
**215-587-3913 phone / 215-587-3561 fax / 267-507-1215 video phone / [sr.kschipani@archphila.org](mailto:sr.kschipani@archphila.org)**