

For Office Use
 Family Name: _____
 Piece: _____ Check #: _____

**ST. TITUS PARISH RELIGIOUS EDUCATION PROGRAM
 REGISTRATION FORM 2016-2017**

Complete Form. Print clearly. For first time registrations, please provide a copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level (PREP)	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: _____

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 the box below if you are in agreement with the statements that follow:

- I have (will) read the Parent Handbook and agree to the requirements and expectations of the St. Titus Religious Education Program.
- I give permission for my child's picture to appear, with name, 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, that the parish bulletin is also posted on the parish website.
- ~ Please check appropriate line: I/We are registered members of St. Titus Parish. _____yes _____no

Signature _____ Date _____ Relationship to Child(ren) _____
 1 Please Turn---

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 St. Titus 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	Does your child have a medication that must be carried and/or administered during PREPP?	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
		<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 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.

Religious Education tuition for 2016-2017: \$115/one child; \$195/two children; \$260/three children or more
Please make check payable to St. Titus Parish. Thank you.