

For Office Use Only

Family Name: _____

School Year: _____

Amt. pd. by Cash: _____ Check #: _____ Date: _____

Parish Religious Education Program Registration Form 2023-2024

St. Aloysius Parish, Pottstown PA

Start Date: Tuesday, September 12, 2023

Class Time: 6:30 – 7:30 pm

Tuition: 1 child/\$60; 2 children/\$120; 3 or more children/\$180

*Form and complete payment (check or cash) **due by September 12, 2023.** Checks can be made payable to St. Aloysius Parish.
A **late fee** of \$25 *per child* will be applied after September 22th.

Only completed forms will be accepted. 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: _____ Email (Required): _____
Street City Zip Code **PLEASE PRINT**

Parish Where Registered: _____ Church Envelope # _____

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

Mother's Name: _____ 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.

We are registered members of Saint Aloysius parish. Check one: yes ___ no ___ parish where registered _____

Please Turn--->

Family Name: _____

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Signature _____ Date _____ Relationship to Child(ren) _____

- I have read the P.R.E.P. Policies and Guidelines in the handbook and agree to the requirements and expectations of the St. Aloysius Religious Education Program.
- I give permission for my child's picture to appear on the St. Aloysius website, social media, bulletin, and other articles in relation to events that happen in the parish.
- I give permission for my child's name to appear on Mass booklets, bulletin, and other programs.

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 and activities at St. Aloysius 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
				<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.