

Saint Ephrem Parish Religious Education Program

2019 - 2020 Registration

Family Name for Communication (or Guardian)			Parish ID#		
Primary Family Address					
City		State		Zip	
Home Phone		Primary Cell		Primary email (will be used for all communication)	
Student Information (Original, Raised Seal documentation of Sacraments is required at time of registration)					
Student Name (#1)		Gender	DOB	Place of Birth (City, State)	
Last First Middle		M / F			
Name of Day School		School District	School Grade (as of Sept 2019)	PREP Grade (as of Sept 2019)	
Date of Baptism:		Church:		City, State	
Date of Reconciliation:		Church:		City, State	
Date of Eucharist:		Church:		City, State	
Date of Confirmation:		Church:		City, State	
Student Name (#2)		Gender	DOB	Place of Birth (City, State)	
Last First Middle		M / F			
Name of Day School		School District	School Grade (as of Sept 2019)	PREP Grade (as of Sept 2019)	
Date of Baptism:		Church:		City, State	
Date of Reconciliation:		Church:		City, State	
Date of Eucharist:		Church:		City, State	
Date of Confirmation:		Church:		City, State	
Student Name (#3)		Gender	DOB	Place of Birth (City, State)	
Last First Middle		M / F			
Name of Day School		School District	School Grade (as of Sept 2019)	PREP Grade (as of Sept 2019)	
Date of Baptism:		Church:		City, State	
Date of Reconciliation:		Church:		City, State	
Date of Eucharist:		Church:		City, State	
Date of Confirmation:		Church:		City, State	
PARENT INFORMATION					
Father				Religion	
Last Name First Name Middle Suffix					
Father's Marital Status: Married ___ Divorced ___ Remarried ___ Single ___				Living ___ Deceased ___	
Father's Home Phone (if different than above)		Father's Cell Phone		Father's Work Phone	
Father's Address (if different than above)			Father's email		

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Mother				Religion	
Last Name	First Name	Middle	Maiden		
Mother's Marital Status: Married ___ Divorced ___ Remarried ___ Single ___				Living ___ Deceased ___	
Mother's Home Phone (if different than above)		Mother's Cell Phone		Mother's Work Phone	
Mother's Address (if different than above)			Mother's email		
*Name of Person responsible for Religious Education if not Parent/Guardian:			Relationship	Phone#	Email
Step-Parent (if applicable)			Step-Parent (if applicable)		
EMERGENCY CONTACT INFORMATION					
Name of person to be contacted if we cannot reach you:					
Relationship:		Home #:		Cell #:	
MEDICAL/LEARNING DATA					
Child's Name	Medical Conditions/Allergies	Medications	Disabilities/Learning Support	IEP	
				___ Yes ___ No	
				___ Yes ___ No	
				___ Yes ___ No	
PROGRAM PROCEDURES					

- ☐ I give permission that, in my absence, my children whose names appear on this form may receive emergency medical care for injuries and all situations that may occur while participating in the Religious Education Program and related activities at Saint Ephrem Parish. I also give permission, that if necessary, my children may be transported to the nearest medical facility.
- ☐ ___ I give permission for my child's (children's) photo, and name to appear on the St. Ephrem website, bulletin board, bulletins, programs or newspaper articles in relation to events that take place in the parish or the Religious Education Program.
- ☐ Article 12 of the Charter for the Protection of Children and Young People calls for all the dioceses to establish "Safe Environment" programs. Within this document, there is a mandate that requires all students in parish elementary schools and Religious Education Programs receive instruction on the Protecting God's Children, A Program for Students, during the school year. These grade level appropriate lessons will be presented to the students during a portion of the class time. I give permission for my child to be present during this lesson.
- ☐ I have read the Parent Handbook (available on Church website, or hard copy by request) and understand and agree to the requirements and expectations of the St. Ephrem Religious Education Program.
- ☐ *Please provide a letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)'s religious education.
- ☐ ___ Please check if there are custodial/legal issues regarding your child/ren. Also provide a complete copy of the court order if there is one.

Signature of Parent / Guardian

Date of Signature

Scrip: Yes / No

Fee Paid: _____ Cash/ Check # _____ Date _____

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