

Saint Philip Neri Religious Education Program
437 Ridge Pike
Lafayette Hill, PA 19444
484-804-1875
d.connellyspn@gmail.com

Dear Families,

Here are the registration forms for those students who are currently enrolled in the Program. **There are 2 sides to the form.** New families will receive a separate letter, and if you have a child for Kindergarten, you may combine all forms so you can register as a family. Please help us keep our costs down by completing all forms and returning them on time. Our Program cost is \$225 for one child and \$300 for two or more children.

Our Program will have sessions on Monday and Tuesday afternoons in 2018-2019. Both sessions will run from 4 to 5:30 PM. Registration forms and payments are due by June 30. Once the limit for a bus has been reached, you may not have the choice of which day your child(ren) attends the program. You can mail in or drop off forms at the church office. A calendar will be published in August along with additional program information and guidelines. Those students who attend Whitemarsh Elementary, Ridge Park, and Colonial Elementary will have bus transportation available through the kindness of the Sague Bus Company for both days. If you wish your child to ride the bus from school to Saint Philip's, please include \$60 per family for that privilege. Make all checks out to Saint Philip Neri Church. Please write one check to cover all costs. You must notify your child's school in writing that your child has permission to take that bus.

Please review our information carefully and **make all corrections in red.** (this includes update phone and email information)

Also included with the registration form are a volunteer sheet for all interested and the Emergency Closing Policy with the Emergency Release Form. A Release Form for each child needs to be returned before the first day of PREP. The Contact Information form is also needed in order to have the correct information to communicate with you for both regular information communication and also in the need of an in class emergency.

We thank those who have given generously of their time, talent, and resources. We are always looking to add members to our PREP team. If you would be interested in volunteering in our program please contact the PREP office and we would be happy to talk with you about it. We are always looking for new and energetic catechists and class aides. We are also open to have a teaching team if you and another adult want to teach a class as a team. Please call or email in if you have interest or questions.

Your friend in Christ,
Dane Connelly
Director of Religious Education

Please return:

- Corrected registration form [**2 sides and form for sibling(s)**]
- Form for new student
- Volunteer Sheet
- Monday session
- Tuesday session
- Emergency Release Form for each child attending our Program
- Contacts Form
- Payment ~ \$225 for 1 child or \$300 for 2 or more children
- Payment ~ \$60 per family for bus (please write one check for all costs)

On it mark:

Saint Philip Neri

Parish Religious Education Program

Family Information

Are you a registered member of the Saint Philip Neri Parish? _____

Father's Name: _____ Living/Deceased Religion: _____
Last First

Mother's Name: _____ Living/Deceased Religion: _____
Last First Maiden

Address: _____
Number and Street City State Zipcode

Home Phone Number: _____ Cellular Phone Number: _____

Fax: _____ E-MAIL: _____

Father's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Mother's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Parental status: Married: _____ Divorced: _____ Separated: _____ Remarried: _____ Single Parent: _____

Child lives with: Parents: _____ Mother: _____ Father: _____ Guardian: _____ Step-Parent: _____

Emergency/Health Information: Person other than parents or guardian to contact in case of illness or emergency.

Name: _____ Relationship to Child: _____ Phone: _____

Student Information #1

Name: _____ Gender: _____
Child's Last Name First Middle NickName1

School: _____ School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Continued/Over 

Saint Philip Neri Religious Program Registration Form

School Year: 2018-2019

Monday Session _____ Tuesday Session _____

PLEASE FILL IN ALL INFORMATION ON BOTH SIDES OF THE REGISTRATION FORM

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.

SIGNATURE _____ DATE _____ RELATIONSHIP TO CHILD(REN) _____

Please check the box below if you are in agreement with the statement that follows:

- I have read the Parent Handbook and agree to the requirements and expectations of the Saint Philip Neri Religious Education Program.
- I give permission for my child's picture to appear on St. Philip's website, bulletin boards, newspaper articles 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.**

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 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.

PLEASE CHECK BOTH SIDES AND MAKE CORRECTIONS

Student Information #2

Name: _____ Gender: _____
Child's Last Name First Middle NickName1

School: _____ School Grade _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Student Information #3

Name: _____ Gender: _____
Child's Last Name First Middle NickName1

School: _____ School Grade _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Saint Philip Neri Religious Program Registration Form

School Year: 2018-2019

Monday Session _____ Tuesday Session _____

PLEASE FILL IN ALL INFORMATION ON BOTH SIDES OF THE REGISTRATION FORM

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.

SIGNATURE _____ DATE _____ RELATIONSHIP TO CHILD(REN) _____

Please check the box below if you are in agreement with the statement that follows:

- I have read the Parent Handbook and agree to the requirements and expectations of the Saint Philip Neri Religious Education Program.
- I give permission for my child's picture to appear on St. Philip's website, bulletin boards, newspaper articles 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.**

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 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.

PLEASE CHECK BOTH SIDES AND MAKE CORRECTIONS

Student Information #4

Name: _____ Gender: _____
Child's Last Name First Middle NickName1

School: _____ School Grade _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Student Information #5

Name: _____ Gender: _____
Child's Last Name First Middle NickName1

School: _____ School Grade _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

SAINT PHILIP NERI RELIGIOUS EDUCATION PROGRAM

EMERGENCY RELEASE FORM 2018-2019

Please complete the following information for **each child** in your family.
PLEASE PRINT CLEARLY

1. Name: _____ Grade _____ Room# _____

2. Address: _____

3. Date of Birth: _____

4. Phone numbers: Home: _____

Mother's Work: _____ Cell: _____

Father's Work: _____ Cell: _____

5. Emergency contact persons: Name: _____

Phone: _____ Cell: _____

Name: _____

Phone: _____ Cell: _____

Name: _____

Phone: _____ Cell: _____

6. List of authorized persons, other than yourself, who have permission to take your child home in case of an emergency closing.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

7. If applicable, name of non-authorized person: _____

8. Does your child have any special medical needs: _____

Please note any medications or special needs: _____

*******PLEASE – ALWAYS REMEMBER TO UPDATE ANY INFORMATION WHICH MAY CHANGE DURING THE SCHOOL YEAR.*******

Print Parent/Guardian Signature: _____ (Please print)

Parent /Guardian Signature _____ Date _____

Dear Families,

Keeping you informed is a top priority at Saint Philip Neri. Our program sends regular newsletters and is available for you to contact by phone or email. We also need your contact information in order to call you in a emergency situation. The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Please return the form below with your registration forms. Note that the primary phone number will be called for standard and emergency calls; the emergency numbers will only be used in an emergency. Thank you for your cooperation and if you have any questions, please don't hesitate to contact the programs office.

We are happy to take suggestions for future information collection to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of all the great events that take place within the school.

_____ *cut here* _____

Student Name _____ Grade _____

Primary phone number	()
Emergency phone 1	()
Emergency phone 2	()
Emergency phone 3	()
Emergency phone 4	()

Primary Email Address:
Emergency Email 1 :
Emergency Email 2 :
Emergency Email 3 :
Emergency Email 4 :