

For Office Use
 Family Name: _____
 School Year: _____
 Rec: _____ Check #: _____

**Parish Religious Education Program Registration Form
 Our Lady of Good Counsel Southampton, PA**

PREP Year 2024-2025
Requested Class Time:
Afternoon _____ **Evening** _____
 4:15pm-5:30pm 6:15pm-7:30pm

Complete Form. Print clearly. 1st grade & new enrollments: A copy of each child's Baptismal Certificate is mandatory for registration.

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 & Parish	1 st Communion Date & Parish

Grades 2, 3, & 7: Is this your first child to receive the Sacrament of: Penance(2nd) _____ Communion(3rd) _____ Confirmation(7th): _____

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ **Email:** _____ PLEASE PRINT CLEARLY

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

Mother's Name: _____ Call Phone #: _____ Religion _____

Name of Person* responsible for Religious Education **if not** Parent/Guardian _____ Relationship _____

*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 box if there are custodial/legal issues regarding any child listed above. Please provide a complete copy of the latest court order for registration.

I give permission for my child's name / picture to appear on the parish website, bulletin boards, newspaper articles, parish bulletin, and recorded liturgies and events associated with the parish religious education program.

Signature _____ Date _____ Relationship to Child(ren) _____

Family Name: _____

**Parish Religious Education Program Registration Form
Our Lady of Good Counsel Southampton, PA**

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 **Our Lady of Good Counsel** 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

Ethnicity: _____ Hispanic/Latino, _____ Non-Hispanic/Latino

Race: _____ American Indian/Native Alaskan, _____ Native Hawaiian/Pacific Islander, _____ Asian, _____ White, _____ Black/African America, _____ Two or more races, _____ Other, _____ Prefer not to answer

****Immunization:** Are your child(ren)'s vaccinations up to date? YES NO *If no, has he/she received an exemption from your current school district* YES NO ****Immunization: Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.**

Is there other information about your child that should be communicated, so that we may properly care for your child during the time they are with us in PREP?

* 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 (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.

****Consent For Medical Care:** By signing this form, I give permission that, in my absence, my children whose names appear on 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 OLG C Parish.

*****Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*