

PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM

Our Mother of Consolation Church, 7 E. Chestnut Hill Ave., Philadelphia, PA 19118
Contact: Sister Christine Konopelski, SSJ (215-247-0430 or christinessj@omcparish.com)

FOR OFFICE USE ONLY - DATE: _____ Family Name: _____ Fee: _____ Check #: _____

Registration Fee: \$200 for first Child; \$100 for each additional Child. Include Check made out to OMC Church. Return to Sister Christine, Parish Office Complete Form. Please print clearly. For first time registrations, please attach an original copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Date of Birth	School Grade Level 2018-19	Name of Day School	Baptism Date Parish Name, City, State (If not at OMC Parish)	First Communion Date Parish Name, City, State (If not at OMC Parish)

Family Name: _____ Home Phone: _____

Address: _____
 Street City Zip Code

Father's Name: _____ Email: _____

Cell Phone Number: _____ Religion _____

Mother's Name: _____ Email: _____

Cell Phone Number: _____ 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 Pastoral Associate which is to be kept on file and updated annually.**

PLEASE READ AND CHECK: (First and second statements must be checked for participation; third statement is optional)

- I have read the Parent Handbook and agree to the requirements and expectations of Our Mother of Consolation Religious Education Program.
- I accept my responsibility to partner with OMC and to teach my child(ren) the PREP home based lessons.
- I give permission for my child(ren)'s picture to appear on the parish website, bulletin boards, newspaper articles and all social media in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren) _____

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Family Name:

OUR MOTHER OF CONSOLATION PARISH

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 child(ren) 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 PREP programs and activities at Our Mother of Consolation 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? **(Attach a separate page if necessary)**

* 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.