

Parish Religious Education Program Registration

EPIPHANY OF OUR LORD CHURCH

<p>For Office Use</p> <p>Family Name: _____</p> <p>School Year: 2011-2012</p>
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Tuition Payment Schedule

Discount before June 1st \$130.00 per student; \$180.00 for two students; or \$230.00 for three or more students
 Regular after June 1st \$160.00 per student; \$210.00 for two students; or \$260.00 for three or more students
 Late after August 15th \$190.00 per student; \$240.00 for two students; or \$290.00 for three or more students

Sacrament Fees:

Reconciliation and Eucharist: An additional \$20.00 sacramental prep fee is requested per student receiving the sacraments.
 Confirmation: An additional \$35.00 sacramental prep fee is requested per student receiving the sacrament.

+ For those families who are not registered parishioners the fee is an additional \$50.00 per student.

++**NEW** families registering in the Parish after Sept. 1 shall pay the regular tuition rate.

Checks made payable to: Epiphany of Our Lord Church

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Religious Education Grade Sept. 2011	Name of Day School/Grade in School in Sept. 2011	Baptism Date & Parish	1 st Penance Date	1 st Communion Date

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Form

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Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____
Street City Zip Code

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

Mother's Name: _____ Work or Cell Phone #: _____ Religion _____

WE ARE REGISTERED IN _____ PARISH.

MARITAL STATUS: (PLEASE CIRCLE)

MARRIED SEPARATED DIVORCED REMARRIED SINGLE WIDOW(ER)

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.

I give permission for my child's picture to appear on the Epiphany website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren)

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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 Epiphany of Our Lord Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA

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

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Is there other information about your child that should be communicated?

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* 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.

DISMISSAL INFORMATION

My child should only be released / picked-up/ signed out by the following people:

My child is part of a carpool. The carpool consists of the following children:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____