

2016-2017
ST. IGNATIUS LOYOLA
PARISH RELIGIOUS EDUCATION PROGRAM

REGISTRATION FORM - NEW STUDENTS

Student Name: _____ Male Female
First Middle Last

Current School Grade: _____ School District & Building: _____
 Sunday Wednesday Home Study

Mailing Information: *Please complete for Parent/Guardian*

Name: _____

Address: _____

City: _____ Zip: _____

Phone: Home: _____ Cancellation/Emergency #: _____

Father Work: _____ Mother Work: _____

Father Cell: _____ Mother Cell: _____

E-mail Address: _____

Parish Registration: St. Ignatius: Yes No Other: _____

Birth Father: _____ *First Middle Last* Religion: _____

Birth Mother: _____ *First Middle Maiden* Religion: _____

Step - Parent: _____ *First Middle Last* Religion: _____

STUDENT SACRAMENTAL INFORMATION:

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

Date of Baptism: _____ Church: _____ Address: _____

*Note: Baptismal Certificate **required.***

Penance:
Date Received: _____ Church: _____ City, State: _____

Communion:
Date Received: _____ Church: _____ City, State: _____

Confirmation:
Date Received: _____ Church: _____ City, State: _____

(OVER)

PLEASE COMPLETE THE FOLLOWING:

1. List any medical, physical, mental or emotional conditions of which we should be aware for your child's proper supervision while in our care, especially food allergies. **Example:** Allergies, chronic conditions and/or medication/treatment of this condition, coordination difficulties, loss of hearing.

2. Please list any conditions of which we should be aware in order to provide a non-threatening, balanced and productive educational environment. **Example:** Reading ability, social adaptation, learning disability, behavioral/coping skills.

3. Family/Home situations. **Example:** Move, divorce, death of loved one or pet.

Use of Pictures and/or Video on St. Ignatius Website or Other Publications

- I give permission for pictures and/or video of my child(ren) engaged in activities related to any St. Ignatius event posted in publications or the parish website. Names of participants will not be used without expressed permission from the parent or guardian.

- I ***do not*** give permission to publish any pictures of my child(ren).

Child Protection Catechesis

All students are **required** by the Diocese of Allentown to participate in the Child Protection Catechesis (Child Lures Safety), either in the classroom or at home. Please indicate your option below:

- I agree to my child's/children's participation in the classroom.

- I prefer to opt out of the classroom setting and present the materials at home.

Signature: _____

Date: _____

DATE: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK AMOUNT \$ _____ INITIALS _____

Internal Use: _____
