

For Office Use
Fee: _____
Check #: _____

Queen of the Universe Parish Religious Education Program Registration Form 2018-2019

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

Child's Full Name (First, Middle & Last)	Sex M/F	Date of Birth	Grade 18-19	PREP level 18 -19	Name of Day School	Baptism Date & Parish	1 st Penance Date	1 st Holy Communion Date

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____
Street City Zip Code

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

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

Mother's Religion: _____

Custody: Are there any custody/legal issues? yes no (If yes, please provide a 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 have read the Parent Handbook and agree to the requirements and expectations of the Queen of the Universe Religious Education Program.
 I give permission for my child's picture to appear on the qparish.com website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature: _____ Date: _____ Relationship to Child(ren) _____

Please turn

Emergency Contact Information:
 If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone (home) _____
 (cell) _____

Consent for Medical Care:
 I give permission that, in my absence, my children who names appear on page 1 of this registration form, ma receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Queen of the Universe 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 Service	Does your child have an Individual Education Program (IEP), or 504? Yes No

				Yes No
				Yes 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.