

Saint Philip Neri Religious Education Program
437 Ridge Pike
Lafayette Hill, PA 19444
484-804-1875
d.connellyspn@gmail.com

Dear Families,

Here are the registration forms for those students who are currently enrolled in the Program. Please help us keep our costs down by completing all forms and returning them on time. Our Program cost is \$200 for one child and \$250 for two or more children.

Our Program will have sessions on Monday and Tuesday afternoons in 2017-2018. Both sessions will run from 4 to 5:30 PM. Registration forms and payments are due by June 30. Once the limit for a bus has been reached, you may not have the choice of which day your child(ren) attends the Program. You can mail it or drop it off at the Church Office. A calendar will be published in August and a handbook can be downloaded before Opening Night. Those students who attend Whitemarsh Elementary, Ridge Park, and Colonial Elementary will have bus transportation provided through the kindness of the Sague Bus Company for both days. If you wish your child to ride the bus from school to Saint Philip's, please include \$60 per family for that privilege. Make all checks out to Saint Philip Neri Church. One check can cover all costs. You must notify your child's school in writing that your child has permission to take that bus.

We thank those who have given generously of their time, talent, and resources. We are always looking to add members to our PREP team. If you would be interested in volunteering in our program please contact the PREP office and I would be happy to talk with you about it. We are always looking for new and energetic catechists. We are also open to have a teaching team if you and another adult want to teach a class as a team, switching on and off weeks. Please call or email in if you have interest or questions.

Your friend in Christ,
Dane Connelly
Director of Religious Education

Please return:

- ☐ Registration Form
 - ☐ Monday session
 - ☐ Tuesday session
- ☐ Emergency Release Form for each child attending our Program
- ☐ Blackboard Connect Form
- ☐ Payment ~ \$200 for 1 child or \$250 for 2 or more children
- ☐ Payment ~ \$60 per family for bus (all cost can be in one check)

Pretzel money will be collected in September.

Saint Philip Neri Parish Religious Education Program

Family Information

Are you a registered member of the Saint Philip Neri Parish? _____

Father's Name: _____ Living/Deceased Religion: _____

Last First

Mother's Name: _____ Living/Deceased Religion: _____

Last First Maiden

Address: _____

Number and Street City State Zipcode

Home Phone Number: _____ Cellular Phone Number: _____

Fax: _____ E-MAIL: _____

Father's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Mother's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Parental status: Married: _____ Divorced: _____ Separated: _____ Remarried: _____ Single Parent: _____

Child lives with: Parents: _____ Mother: _____ Father: _____ Guardian: _____ Step-Parent: _____

Emergency/Health Information: Person other than parents or guardian to contact in case of illness or emergency.

Name: _____ Relationship to Child: _____ Phone: _____

Student Information #1

Name: _____ Gender: _____

Child's Last Name First Middle NickName1

School: _____ School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

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

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Saint Philip Neri Religious Program Registration Form

School Year: 2017-2018

Monday Session____

Tuesday Session____

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.

SIGNATURE_____DATE_____RELATIONSHIP TO

CHILD(REN)_____

Please check the box below if you are in agreement with the statement that follows:

- ☐ I have read the Parent Handbook and agree to the requirements and expectations of the Saint Philip Neri Religious Education Program.
- ☐ I give permission for my child's picture to appear on St. Philip's website, bulletin boards, newspaper articles in relation to events that happen in the parish.
- ☐ For First Penance, Holy Communion and Confirmation candidates ONLY: I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.

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 Saint Philip Neri 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? _____

* 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.

Student Information #2

Name: _____ Gender: _____

Child's Last Name First Middle NickName1

School: _____ School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

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

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Student Information #3

Name: _____ Gender: _____

Child's Last Name First Middle NickName1

School: _____ School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last Grade: _____

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

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

Student's Ethnic Group: Black: _____ White: _____ Hispanic: _____ Asian: _____

Native Hawaiian/Pacific Islander: _____ Native American: _____ Multi-Racial: _____

Saint Philip Neri Religious Program Registration Form**School Year: 2017-2018**

Monday Session____

Tuesday Session____

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**Parent/Guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

SIGNATURE_____DATE_____RELATIONSHIP TO

CHILD(REN)_____

Please check the box below if you are in agreement with the statement that follows:☐ I have read the Parent Handbook and agree to the requirements and expectations of the Saint Philip Neri Religious Education Program.☐ I give permission for my child's picture to appear on St. Philip's website, bulletin boards, newspaper articles in relation to events that happen in the parish.☐ **For First Penance, Holy Communion and Confirmation candidates ONLY: I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.****CONSENT FOR MEDICAL CARE:**

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

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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? _____

* 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.

SAINT PHILIP NERI RELIGIOUS EDUCATION PROGRAM

EMERGENCY RELEASE FORM

2017-2018

Please complete the following information for **each child** in your family.

PLEASE PRINT CLEARLY

1. Name: _____ Grade _____ Room# _____

2. Address: _____

3. Date of Birth: _____

4. Phone numbers: Home: _____

Mother's Work: _____ Cell: _____

Father's Work: _____ Cell: _____

5. Emergency

contact persons: Name: _____

Phone: _____ Cell: _____

Name: _____

Phone: _____ Cell: _____

Name: _____

Phone: _____ Cell: _____

6. List of authorized persons, other than yourself, who have permission to take your child home in case of an emergency closing.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

7. If applicable, name of non-authorized person: _____

8. Does your child have any special medical needs: _____

Please note any medications or special needs: _____

*****PLEASE – ALWAYS REMEMBER TO UPDATE ANY INFORMATION WHICH MAY CHANGE DURING THE SCHOOL YEAR.*****

Print Parent/Guardian Signature: _____ (Please print)

Parent /Guardian Signature _____ Date _____

Dear Families,

Keeping you informed is a top priority at Saint Philip Neri. That's why we have adopted the Blackboard Connect notification service which will allow us to send a telephone or e-mail message to you providing important information about school events or emergencies. We anticipate using Blackboard Connect to notify you of PREP cancellations due to inclement weather, as well as remind you about various events, including retreats, parent meetings, and Church dismissals. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through Blackboard Connect

- ☐ Caller ID will display PREP's main number when a general announcement is delivered.
- ☐ Caller ID will display 411 if the message is a dire emergency.
- ☐ Blackboard Connect will leave a message on any answering machine or voicemail.
- ☐ If the Blackboard Connect message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Please return the form below with your registration forms. Note that the primary phone number will be called for standard and emergency calls; the emergency numbers will only be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact me.

We are happy to incorporate Blackboard Connect as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of all the great events that take place within the school.

_____ *cut here* _____
Student Name _____ Grade _____

Primary phone number	()
Emergency phone 1	()
Emergency phone 2	()
Emergency phone 3	()
Emergency phone 4	()

Primary Email Address:
Emergency Email 1 :
Emergency Email 2 :
Emergency Email 3 :
Emergency Email 4 :

