

ADDITIONAL INFORMATION AND PERMISSIONS

Smart Money for tuition: \$ _____ Contact mbevenour@mdpparish.com for smart money information.

Children's ethnic background (for annual pastoral report to the archdiocese)

[] African-American [] Asian [] Caucasian [] Latino [] Other _____

MEDICAL / LEARNING DATA

The Archdiocese has asked us to obtain the following information on each child. It is vital in our assisting your child to learn and understand our Catholic Faith.

PLEASE FILL IN THIS SECTION UNDER EACH CHILD'S NAME ON THE FOLLOWING PAGES.

Medical Conditions / Allergies, Prescribed Medications, Disability* / Learning Support Services, Individualized Education Program **IEP**

*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.

****Person responsible for religious formation of children if not the parent / legal guardian**

Name _____ Phone (if different) _____

Relationship to children _____

Address (if different) _____

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

Signature of Parent / Legal Guardian below includes the following items:

Emergency Contact Person – If we cannot reach you on Wednesday evening:

Name _____ Phone _____

Doctor's Name _____ Phone _____

I give permission that, in my absence, my children whose names appear on the following pages of this registration form, may receive emergency medical care for injuries and all situations that may occur while participating in the Religious Education Programs and activities at Mother of Divine Providence Parish.

PHOTO RELEASE PERMISSION

I give permission for my children's pictures to appear on Mother of Divine Providence website, bulletin boards, news paper articles in relation to events that happen in the parish.

HANDBOOK

I will read the Parent Handbook and agree to the requirements and expectations of Mother of Divine Providence Parish Religious Education Program.

Signature of parent / legal guardian _____

Date: _____ Relationship to children: _____

***** NOTE: WE MUST HAVE A COPY OF EACH NEW STUDENT'S BAPTISMAL CERTIFICATE BY OCTOBER 1ST.**

First Student's Information

First Name: _____ Middle Name: _____ M / F
Last Name *if different from parents*: _____
Date of Birth: _____ City / State of Birth: _____ Ethnicity: _____

School attending in 2010-11 _____ School Grade in 2010-11: _____

<u>Baptism</u>	<u>Penance/Eucharist</u>	<u>Confirmation</u>
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical / Allergies / Learning Data: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

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

Second Student's Information

First Name: _____ Middle Name: _____ M / F
Last Name *if different from parents*: _____
Date of Birth: _____ City / State of Birth: _____ Ethnicity: _____

School attending in 2010-11 _____ School Grade in 2010-11: _____

<u>Baptism</u>	<u>Penance/Eucharist</u>	<u>Confirmation</u>
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical / Allergies / Learning Data: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

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

Third Student's Information

First Name: _____ Middle Name: _____ M / F
Last Name *if different from parents*: _____
Date of Birth: _____ City / State of Birth: _____ Ethnicity: _____

School attending in 2010-11 _____ School Grade in 2010-11: _____

<u>Baptism</u>	<u>Penance/Eucharist</u>	<u>Confirmation</u>
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical / Allergies / Learning Data: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

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

Fourth Student's Information

First Name: _____ Middle Name: _____ M / F
Last Name *if different from parents*: _____
Date of Birth: _____ City / State of Birth: _____ Ethnicity: _____

School attending in 2010-11 _____ School Grade in 2010-11: _____

<u>Baptism</u>	<u>Penance/Eucharist</u>	<u>Confirmation</u>
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical / Allergies / Learning Data: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

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

VOLUNTEER INFORMATION 2010-2011

Our parish is blessed to have wonderful volunteers to help in the religious education program.

We are most grateful to the men and women who help us before, during and after class.

Please prayerfully consider your gifts and how you can use them to serve our parish. Thank you!

Volunteers are required by the Archdiocese of Philadelphia to obtain a PA State Police background check, a Childline (child abuse) background check, an FBI background check if living in PA less than 2 years, and participation in a Protecting God's Children workshop held here at the parish.

Contact Simone 610-337-2173 simone.angelucci@mdpschool.com

for information on the forms and workshop registration.

- Catechist – teaches a class of approximately 15 children
- Catechist – Basic / Sacrament class for up to 5 children
- Team Catechist – shares the teaching responsibility with another catechist
- Assistant Catechist – helps the catechist and children in whatever way needed
- Substitute – will teach a class if a catechist is unable to come one night
- Four week substitute – will teach so a catechist can take a certification course
- Receptionist – monitors the door before and during class
- Arrival assistant – monitors the children in the gym before class
- Dismissal assistant – helps facilitate the safe dismissal of students
- Office assistant – helps in the office during class time
- Service / Activities assistant – works with classes on specific projects
- Traffic assistant – helps insure safety in the parking lot before class

1. Name: _____

Best daytime phone number: _____ home / work / cell

Email: _____ Ever volunteer before?

I previously volunteered at: _____ Parish

Address _____ Number of years: _____

2. Name: _____

Best daytime phone number: _____ home / work / cell

Email: _____ Ever volunteer before?

I previously volunteered at: _____ Parish

Address _____ Number of years: _____

Thank you for offering to share your time and talent with the children of our parish! We will be in touch with you!

Mrs. Theresa M. Gilmore, DRE

610-337-2173

theresa.gilmore@mdpschool.com