

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**. We may contact you for additional information that will help our volunteer catechists work successfully with your child.

*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

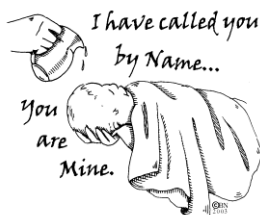
I give permission for my children's pictures to appear on Mother of Divine Providence website, bulletin boards, Catholic Standard & Times in relation to events that happen in the program / parish.

HANDBOOK

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

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 2011-12 _____ Entering School Grade in 2011-12 _____

Baptism	Penance/Eucharist	Confirmation
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 to help our volunteer catechists work successfully with your child? _____

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 2011-12 _____ Entering School Grade in 2011-12 _____

Baptism	Penance/Eucharist	Confirmation
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 to help our volunteer catechists work successfully with your child? _____

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 2011-12 _____ Entering School Grade in 2011-12 _____

Baptism	Penance/Eucharist	Confirmation
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 to help our volunteer catechists work successfully with your child? _____

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 2011-12 _____ Entering School Grade in 2011-12 _____

Baptism	Penance/Eucharist	Confirmation
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 to help our volunteer catechists work successfully with your child? _____

VOLUNTEER INFORMATION 2011-2012

Our parish is blessed to have wonderful volunteers helping in the religious education program. We are most grateful to the men, women and teenagers 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 website information and workshop dates and 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 front lobby door before and during class
- Arrival assistant – monitors children in the gym as they come in each night
- Dismissal assistant – checks dismissal passes of those coming to pick-up children
- 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! Your service is *greatly* appreciated. We will be in touch with you!

Mrs. Theresa M. Gilmore, Director of Religious Education
610-337-2173
theresa.gilmore@mdpschool.com