

***Epiphany of Our Lord Religious Education Program –NEW Student Registration Form***  
***2008-2009***  
( Please Print )

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Educational Information**

Previous Religious Education Program and/or Catholic School attended \_\_\_\_\_ Grade Level Completed \_\_\_\_\_  
Public School Attending \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
Grade Level in Religious Education Program in Fall \_\_\_\_\_  
Other siblings currently attending Religious Education Program – (Names and Grade level )  
\_\_\_\_\_

**Sacramental Information**

*( Please attach a copy of child's baptismal certificate if it has not been done previously )*

**Baptism** – Church \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_  
**First Penance** – Church \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_  
**First Communion**—Church \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_  
**Confirmation** – Church \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

**Family Information**

Father's First and Last Name \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's First \_\_\_\_\_ Maiden Name \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status ( Please Circle )      Married    Separated    Divorced    Remarried    Single    Widow(er)

Step Parent or Guardian 's Name \_\_\_\_\_ Phone \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_

We are registered in \_\_\_\_\_ Parish

=====

Office Use Only

Date Registered \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Coupons \_\_\_\_\_ Balance \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

Please help us meet your child's needs in the REP program. The more information we have the better we can teach your student. The following information will give us guidance as we enlist classroom aides and choose the right teacher for your child. (All information is confidential, only the DRE, her assistant and your child's catechist will have access to it.)

### MEDICAL INFORMATION

DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS? IF SO, WHAT KIND AND FOR WHAT REASON?

---

DOES YOUR CHILD HAVE ANY ALLERGIES? BEE STINGS \_\_\_\_\_ FOOD \_\_\_\_\_

MEDICATIONS \_\_\_\_\_ OTHER \_\_\_\_\_

---

ARE THERE ANY ACTIVITY RESTRICTIONS FOR YOUR SON/DAUGHTER?

---

ANY PERTINENT LEARNING OR BEHAVIORAL INFORMATION WE SHOULD HAVE?

(For example, does your student have ADHD, ADD, ODD, Asperger's, Autism, Hearing loss, Reading problems or any other unique characteristic? – Please specify.)

---

---

I give my full consent to the Epiphany of Our Lord Parish Staff to engage any medical professionals to administer emergency medical treatment, if deemed necessary, to my son/daughter in the event of an unforeseen injury or illness or suspect injury. For myself, my family members, and my son/daughter, I agree to indemnify and hold harmless Epiphany of Our Lord Parish, its employees and volunteers, and the Archdiocese of Philadelphia, harmless from and against all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities. I confirm that I and my son/daughter are covered by medical insurance, the provision of which is a requirement for participation in all of Epiphany of Our Lord Religious Education Program activities.

MEDICAL INSURANCE CO. \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

I have carefully read and fully understand the medical information and release of liability, stated herein and subject to all of the above, I agree to my own and my son's/daughter's participation in Epiphany of Our Lord Religious Education Program activities, and accept the terms and conditions as stated.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

**(This form is double-sided)**

**Religious Education Program  
2008-2009 Registration  
Information Form**

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**EMERGENCY CONTACT AND DISMISSAL INFORMATION**

In case of emergency please contact :( Please list someone other than a parent in the event a parent can not be reached. )

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**DISMISSAL INFORMATION**

My child should only be released / picked-up by the following people :

\_\_\_\_\_

My child is part of a carpool. The carpool consists of the following children:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

(This form in double sided.)