

**EPIPHANY OF OUR LORD
OFFICE OF RELIGIOUS EDUCATION**

**Re-Registration/Sacrament Registration Form
2008-2009**

Please fill out one form per child. Be sure all blanks are filled in and **please print**.

Date: _____ Tuition Payment Enclosed \$ _____ Check# _____ Cash _____

Tuition Payment Schedule*

Discount Before June 1st \$125.00 per student; \$175.00 for two students; or \$225.00 for three or more students
Regular After June 1st \$150.00 per student; \$200.00 for two students; or \$250.00 for three or more students
Late After September 1st \$175.00 per student; \$225.00 for two students; or \$275.00 for three or more students

+ For those families who are not registered parishioners the fee is an **additional \$50.00 per student**.

++**NEW** families registering in the Parish after Sept. 1 shall pay the regular tuition rate.

+++An additional \$15.00 Sacramental Prep Fee is requested per student receiving Reconciliation and Eucharist.

An additional \$30.00 Sacramental Prep Fee is requested per student receiving Confirmation.

Checks made payable to: Epiphany of Our Lord Church

Upcoming Grade as of September 2008 _____ Child's School _____

Grade Level in Religious Education Program in September 2008 _____

Student Name _____, _____, _____
Last First MI

Gender _____ Birth Date _____

Address _____, _____, _____
Street Town Zip

Phone _____ Family Email Address _____

SACRAMENTAL PREP REGISTRATION

(All students must have one year of religious education prior to a Sacramental Prep year.)

____ Student intends to celebrate the Sacraments of Reconciliation and Eucharist this year.

____ Additional \$15.00 Sacramental Prep Fee Enclosed.

(Students in 2nd Grade and higher are eligible to celebrate the sacraments of *Reconciliation* and *Eucharist* for the first time.)

____ Student intends to Celebrate Confirmation

____ Additional \$30.00 Sacramental Fee Enclosed.

(Students in the 6th grade and higher are eligible to celebrate the sacrament of *Confirmation*.)

(Please complete both sides)

3040 WALTON ROAD · PLYMOUTH MEETING, PA 19462-2361
PHONE: 610-825-6790 · FAX: 610-825-0460

Please take a minute to update our information.

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 _____

We are registered in _____
Parish

(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.)