

For Office Use

Family Name: _____

School Year: _____

Fee: _____ Check #: _____

Parish Religious Education Program Registration Form

St. Mary, Star of the Sea ~ Holy Savior

1705 Philadelphia Avenue

Ocean City, MD 21842

Fees
\$50.00 per student

2017-2018

Complete Form. Print clearly. For ALL registrations, please bring a copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/ F	Date of Birth	Grade 2017- 2018	New to CCD	Name of Day School & Grade	Baptism Date & Parish	1 st Penance Year & Parish	1 st Communion Year & Parish

Family Name: _____ Home Phone #: _____

Address: _____ **Email:** _____

Street

City

Zip Code

Father's Name: _____ Work or Cell Phone #: _____ Religion _____

Mother's Name: _____ Work or Cell Phone #: _____ Religion _____

MAIDEN- _____

What is your preferred means of Communication? ___ Email ___ Flyers with Children ___ Mail ___ Phone Chain

ANY CHANGES IN FAMILY IN THE LAST SIX MONTHS(DIVORCE, DEATH, NEW BABY...) _____

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 _____

Signature _____ Date _____ Relationship to Child(ren) _____

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EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone Number (home) _____
 (cell) _____

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 St. Mary, Star of the Sea ~ Holy Savior 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 or 504
				<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/accommodations for 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.