

2010-2011 St. Paul the Apostle Parish School of Religion Student Registration

61 Moss Road, Westerville, OH 43082 - Phone (614) 882-5045

Student's Name: _____ Gender: _____

Last First MI Nickname

Home Phone: _____ Birthdate: _____ School Attending: _____

Indicate Age/Grade for 2010-2011 School Year (Pre-school - P3, P4, P5 or Grade 1 - 8): _____

If new to St. Paul, has student attended religion classes in another parish program? _____

Please list parish and address _____

If student attended a Catholic School, please list school, address and years attended: _____

PROGRAM	DESCRIPTION	SESSION TIMES
Sunday Preschool	Sunday Preschool is designed for students who are 3, 4 and 5 years old by September 30th and potty trained. Classes run late September through the end of April.	Please check one: <input type="checkbox"/> 9:00 a.m. Sunday <input type="checkbox"/> 10:30 a.m. Sunday
Elementary PSR	Classes for students in grades 1 through 5 and meeting on Mondays. Classes begin in mid-September and run through the end of April.	Please check one: <input type="checkbox"/> 4:30 - 5:45 p.m. Monday Early <input type="checkbox"/> 6:15 - 7:30 p.m. Monday Late
Middle School PSR	Classes for students in grades 6 through 8 and meeting on Wednesdays. Classes begin in October and run through the end of April.	Please check: <input type="checkbox"/> 7:00 - 8:30 p.m. Wednesday
RCIA for Children	Classes for students in grades 4 through 8 and who have never been enrolled in religious education classes. Classes begin in mid-September and run through the end of April.	Please check: <input type="checkbox"/> 6:15 - 7:30 p.m. Monday
Special Needs	This class is designed for students whose needs are not met by the traditional PSR class. Students enrolled in this class should have an IEP on file with their school. This is a parent/student class.	Please check: <input type="checkbox"/> 6:15 - 7:30 p.m. Monday Parent/student class
Home School	Teaching your student at home is offered for students in grades 1, 3, 4, 5, 6 and 7 only. A mandatory parent meeting at the beginning of the school year will outline program requirements.	Please check: <input type="checkbox"/> Once a week at home

Special Medical / Educational Needs

PLEASE UPDATE YEARLY AND SELECT AS APPROPRIATE

- | | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Food allergies (list): |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disabilities | |
| <input type="checkbox"/> Behavioral / Emotional disturbance | <input type="checkbox"/> Reading difficulties | |
| <input type="checkbox"/> Hearing Impairment (including deafness) | <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Medications taken regularly: |
| <input type="checkbox"/> Visual Impairment (including blindness) | <input type="checkbox"/> Special diets | |
| <input type="checkbox"/> Orthopedic (unable to use stairs) | <input type="checkbox"/> Other health concerns: (e.g. diabetes, epilepsy, hemophilia, asthma, etc.) | |
| <input type="checkbox"/> Speech or language impairment | | |
| <input type="checkbox"/> Child needs individual aid in class | | |

2010-2011 St. Paul the Apostle Parish School of Religion Student Registration (page 2)

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#1 Parent Agreement and Medical Authorization

I have had an opportunity to read the Parent Handbook and I understand the content and purpose. I further understand that it is necessary that any complaint of harassment must be filed with the a) St. Paul Director of Religious Education, b) pastor, or c) Diocesan Director of Religious Education. I agree to follow all procedures, guidelines and policies stated in the handbook.

In case of emergency, I understand St. Paul will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release St. Paul staff and volunteers from all liability of any kind which may arise from such an emergency.

Sign here >> _____
Signature of Parent or Guardian Date

#2 Photo Release and Waiver

Your son/daughter may be photograped during any event of the 2010-2011 school year. We need your permission to use these photographs. Please sign the bottom of this section to give us your permission.

I give my permission for the above mentioned photographs to be used in Religious Education publications, promotional pieces and/or the parish web site.

Sign here >> _____
Signature of Parent or Guardian Date

#3 Transportation Information (For grades 1 - 5 only)

Mother's Name Cell Number Home Number

Father's Name Cell Number Home Number

Adults that have permission to pick up your child from Religious Education in addition to parents:

Name	Relationship	Cell Number	Home Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sign here >> _____
Signature of Parent or Guardian Date
