Saint Joseph Parish Religious Education Program Warrington, PA 18976

**Individual Registration form for Each Separate Child**

**Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child's Full Name (First, Middle, Last)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child's Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex**: Male Female

**Grade Level (2024-2025)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Day School**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baptism Date (Leave Blank- St Joseph Personnel will fill this in)**

**Baptism Parish/Town (Leave Blank- St Joseph Personnel will fill this in)**

**First Penance Date (Leave Blank- St Joseph Personnel will fill this in)**

**First Communion Date (Leave Blank- St Joseph Personnel will fill this in)**

**Ethnicity:**

Hispanic/Latino Non-Hispanic/Latino

**Race: (Please choose only one)**

American Indian/Native Alaskan Asian

Black/African American Other

Native Hawiaan/Pacific Islander White

Two or more races Prefer not to answer

**Medical/Learning Data:** If any of the following apply to your child, please list his/her name and give details in the appropriate spaces

**Medical Conditions or Allergies (Please describe below if yes):\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescribed Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Learning Support Services or IDEA (\*\* IDEA: As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.)

**IEP (Individualized Education Program)**

Yes No

**Immunization: Are your Child's vaccinations up to date? This question does not refer to COVID; rather, child & adolescent immunizations** Yes No

If no, has he/she received an exemption from your current school district? \*\*Immunization: Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease. **Yes No**

**Please complete information here or add any other information about your child to be communicated**