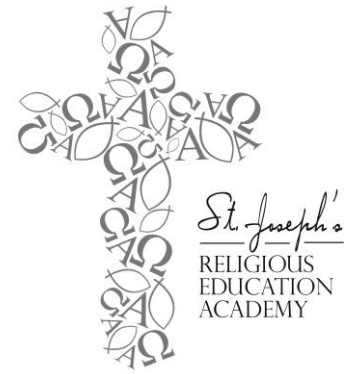


2019-2020 School Year



STUDENT'S LAST NAME _____

FIRST NAME _____

Gender: M / F Student's Birthdate: _____

Address _____

City/ST/Zip _____

Phone Number _____ Email _____

Custodial Parent's Name _____

Student's Public School _____

Student's Current Grade in School _____

BE SURE TO NOTE ANY SPECIAL NEEDS OR MEDICAL CONDITIONS ON PAGE TWO OF THIS FORM

Emergency Contact Name _____

Emergency Contact Phone _____

Release: I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the Parish. I understand that these materials are being used for the promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Attendance each day is required to complete the summer classes. Tardiness, early dismissals, and absences are not permitted.

The signature below allows the Religious Education Program to provide all information on this form to the Religious Education Staff for Religious Education purposes only.

Parent/Legal Guardian Signature: _____

Date: _____

CIRCLE ONE

SUMMER SESSION A

Monday July 8 to Friday July 12

SUMMER SESSION B

Monday July 15 to Friday July 19

Fee Schedule \$200 per child
Sacrament Preparation Fee \$40
(Assessed to students who will receive Communion or Confirmation in 2020)
Family Rate (3 or more children) \$500

Early Bird Registration in January and February with 3 stamps

Fee Schedule \$150 per child
Family Rate (3 or more children) \$400

Academy Card (check one):

_____ Attached with this form

_____ Incomplete/None

For office use only

Amount Paid \$ _____

2019-2020 Class _____

SPECIAL NEEDS INFORMATION - ST. JOSEPH'S PARISH RELIGIOUS EDUCATION ACADEMY

Please ✓ all that applies to your child:

GENERAL EDUCATION:

- _____ IEP *Please include copy of IEP – first 6-8 pages only; usually addresses student's learning style and necessary modifications.
- _____ 504 Plan
- _____ participates in ESY-Extended School Year programs
- _____ had a high school volunteer assist last summer during Religious Education Academy

EDUCATIONAL SKILLS:

1. Please list general academic skills (i.e. reads basic sight words; needs help writing sentences)

2. Any other information you would like to share with your child's teacher(s):

** Would you like to be called to discuss your child's IEP or special needs/concerns? YES/NO

MEDICAL CONSIDERATIONS:

Food allergies:_____ Other allergies: _____ Asthma:_____ Seizures:_____ Motor difficulties:_____

Inhaler?_____ Epi pen? _____ Medications taken: _____

Doctor's orders are required for any medications. The documentation on file with the home school nurse is acceptable. Please bring it the first day of class and see our Nurse in the Narthex of the Church.

Additional Information: _____