

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

Please ✓ all that applies to your child:

GENERAL EDUCATION:

- has an IEP _____ *Please include copy of IEP – if you feel your child will need a volunteer assigned for extra help
- has a 504 Plan _____
- is mainstreamed for all classes and will not need a High School volunteer _____
- is mainstreamed for part of the day _____
- is in a self-contained class _____
- has a paraprofessional / aide assigned to him/her _____
- participates in ESY-Extended School Year programs _____
- had a high school volunteer assist last summer during Religious Education Academy _____

MEDICAL CONSIDERATIONS:

Food allergies:_____ Other allergies: _____ Asthma:_____ Seizures:_____ Epi pen? _____ Motor difficulties:_____ Inhaler?_____

Medications taken: _____

Additional Information _____

COMMUNICATION:

Speech understandable:___ Speech difficult to understand:___ Uses sign language:___

Uses communication book, pictures or board _____ Other: _____

EDUCATIONAL SKILLS:

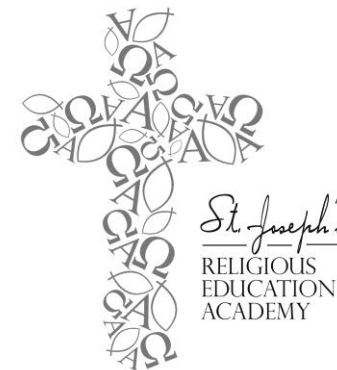
1. Please list general academic skills (i.e.: reads basic sight words; needs help writing sentences)

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

3. Would you like someone to call you to discuss specifics about your child? YES / NO

Best time to call: _____ Phone # _____

2018-2019 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 ONE 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 June 25 to Friday June 29

SUMMER SESSION B

Monday July 9 to Friday July 13

Fee Schedule \$150 per child
Sacrament Preparation Fee \$40
(Assessed to students who will receive Communion or Confirmation in 2019)
Family Rate (3 or more children) \$400

Registration Fee : Amount \$ _____

Academy Card (check one):

_____ Completed and submitted

_____ Attached with this form

_____ Church Jr. Ministry (Reader, Choir, Usher)

_____ Incomplete/None

For office use only
2018-2019 Class _____