

Mary Mother of the Church Parish
Religion Education Office
749 Linwood Street, Brooklyn, NY 11208
Ph#: 718-649-0450

Registration for Catechism Classes
Academic Year 2014 - 2015

Date of Registration: ____ / ____ / ____

Child's Information:

First Name: _____ Last Name: _____
Date of Birth: ____ / ____ / ____ Current Age: _____ Current Grade: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Home Tel #: _____ Second Ph #: _____
Country of Birth: _____ Birth Certificate On File: Yes ____ No ____

For Office Use ONLY:

Class Registered: _____ **Location:** SG / SJ
Amount Paid: _____ Date Paid: _____ Amount Remaining: _____
Receipt Number: _____ Entered on: _____ Student #: _____

Child's Sacramental Information:

1. Does this Child **NEED Baptism**? Yes: ____ No: ____
2. **If No**, Date of Baptism: ____ / ____ / ____ Church of Baptism: _____
City: _____ State: _____
Country: _____ Bap. Certif. RCVD on _____
3. My child's **First Communion** was done in: Year: _____
at Church: _____ City: _____
State: _____ Country: _____

Name of Person Registering Child:

First Name: _____ Last Name: _____

Relation to child: _____

1. Are you the person responsible for the child's coming and going to class and for meetings? Yes / No
 - a. If no, who will be responsible for attending meetings and bringing the child to class and Mass?

Guardian's Contact Information *(If different from biological parents):*

First Name: _____ Last Name: _____

HM PH#: _____ 2nd #: _____ Work #: _____

Email: _____ **(Language Preference _____)**

1. Does this child have contact with his or her biological parents? Yes / No
2. If yes, is the parent allowed to see and or pick up the child from the religious education program?
- Yes / No
3. Is there a restraining order on one or both of the parents? Yes / No

2nd Person Emergency Contact Information:

First Name: _____ Last Name: _____

Relation to child: _____

Home Phone #: _____ 2nd # / Cell #: _____

Please Note: We need a second person's information in case of we cannot get a hold of you if there is an emergency. If any of this information changes throughout the year, please make sure to keep us informed

Parent Information:

Child Lives with: Mother / Father / Both / Other

Mother:

Language Preference _____

First Name: _____ Last Name: _____

Is she married by the Catholic Church? Yes _____ No _____

Does she want to receive any Sacraments? Yes _____ No _____ If so, which one/s?

Baptism _____ Communion _____ Confirmation _____ Matrimony _____

(For class updates, cancelations or meeting reminders, please include your email address)

Email Address: _____

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**Father:**

**Language Preference:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is he married by the Catholic Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Does he want to receive any Sacraments? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, which one/s?

Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Matrimony \_\_\_\_\_

(For class updates, cancelations or meeting reminders, please include your email address)

*Email Address:* \_\_\_\_\_

**Medical Information:**

1. Does your child have **allergies** to any **foods**? Yes / No:

a. If yes, what kinds? \_\_\_\_\_

2. Does your child have **allergies** to any medications? Yes / No

a. If yes, which ones? \_\_\_\_\_

3. Does your child have **Asthma**? Yes / No

a. If yes, does your child need to bring his or her inhaler to each class? Yes / No

b. If yes, does he or she know how to administer the inhaler on his or her own? Yes / No

4. Does your child have any other medical condition that he or she needs to take medicine for? Yes / No

a. If yes, what condition? \_\_\_\_\_

b. If yes, what medicines? \_\_\_\_\_

5. Does your child require special attention? Yes / No

a. If so, what kind? \_\_\_\_\_.

**Special Needs and / or Learning Disabilities:**

1. Does your child have any learning disabilities such as **Autism, ADHD, Anxiety**, etc.? Yes / No

a. Does he or she take medicine for this condition? Yes / No

a-i. If yes, please specify which medicine. \_\_\_\_\_.

a-ii. If the child normally takes medicine, and does not take his or her medicine correctly, will he or she become violent or aggressive? Yes / No.

2. Does your child have an **IEP** in his or her regular school? Yes / No

b. If so, what sort of special needs or learning disabilities does the IEP address and how can we best serve and educate your child? \_\_\_\_\_.

*\*If your child has an IEP, please bring a copy of the most recent IEP before classes begin in order to help your child achieve his or her goals.*

3. Is your child on his or her appropriate reading level? Yes / No

a. If no, at what grade does he or she read? \_\_\_\_\_

4. Can your child spell and write according to his or her appropriate reading level? Yes / No

a. If no, at what grade does he or she spell and write? \_\_\_\_\_

5. Please write any other notes that you think might be helpful for the director and the child's teacher:

\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** *If your child has a learning disability or is behind in his or her regular studies, we need to know. This will affect his or her learning and testing in our catechism program. The more information we have, the better we can help your child. If any of this information changes throughout the year, please keep us informed.*

**Release Information:** *Anyone other than these people listed will not be able to pick up your child.*

Please list the names of individuals the child may be released to after class.

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

**Please Note:**

- 1. Parents or guardians, anyone other than you picking up child, even if they are on this list, should be advised to DRE or parent ahead of time. Thanks you for your help.*
- 2. If your child will be walking by himself or herself, please provide a signed letter stating that you give your permission for them to walk alone during these times.*