

ST. BERNADETTE CHURCH PRE-SCHOOL EDUCATION PROGRAM (PEP) 2016-2017 REGISTRATION FORM

(Please Print All information is **strictly confidential**)

Class Times: Sundays September through May during the 11am Mass (Follows PRP Schedule)

Today's date:		Type: <input type="checkbox"/> PEP <input type="checkbox"/> Homeschool		PEP Year: 2016-2017 Student#:	
STUDENT INFORMATION					
Student's Last Name:		First:	Middle:	Nickname:	Age: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Email Address(es):			Birth date: / /	Ethnicity*:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home phone no.: ()	Cell phone no.: ()	
Apt.	City:		State:	ZIP Code:	
Is your child currently in pre-school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will this be the first time the child is attending a group function away from his/her parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Needs:					
Father's Name:		Phone:		Marital Status:	Religion:
Mother's Name:		Phone:		Marital Status:	Religion:
Has the child received the sacrament of Baptism? <input type="checkbox"/> Y <input type="checkbox"/> N Date: / / Location:				Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Any	

MEDICAL INFORMATION		
Does child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergies: <input type="checkbox"/> Peanuts <input type="checkbox"/> Milk <input type="checkbox"/> Wheat <input type="checkbox"/> Egg <input type="checkbox"/> Soy <input type="checkbox"/> Other: _____	Does child wear corrective lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any educational, medical, or psychological diagnoses we should be aware of? <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Respiratory Problems <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> OCD <input type="checkbox"/> Urinary Problems <input type="checkbox"/> Autism <input type="checkbox"/> Other: _____		Does your child need any special accommodations? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Please Specify
Please explain any special needs your child may have: _____		

EMERGENCY MEDICAL AUTORIZATION SECTION A (MUST COMPLETE)		
Child's Full Name:		
Mother's Name:	Phone: ()	Cell: ()
Father's Name:	Phone: ()	Cell: ()
<i>Authorized individuals to be able to pick-up your child in the event of an illness/other emergency/early dismissal. Individuals are also authorized to pick-up your child after class.</i>		
Name: _____	Phone: _____	
Name: _____	Phone: _____	
Name: _____	Phone: _____	
Parent/Guardian Signature		Date

*This data is optional.

EMERGENCY MEDICAL SECTION B (MUST COMPLETE)

Purpose: To enable parents to authorize the provision of emergency treatment for children who become ill or injured under program authority, when parents or guardians cannot be reached.

****Please complete either Part I or Part II****

Part I: To Grant Consent

In the event reasonable attempts have been made to contact me at _____ (Phone) or _____ (other parent/guardian) at _____ (Phone) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (Preferred Physician) at _____ (Phone), or Dr. _____ (Preferred Dentist) at _____ (Phone). Or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

Part II: Refusal to Grant Consent

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take no action:

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

PHOTO RELEASE

I GIVE my permission and consent for my son/daughter to participate in all photographs, videotapes, likeness of image or interview to be taken during the Pre-School Education Program (PEP) and / or family formation events. I further give my permission and consent for any such photographs, videotapes, likeness of image or interviews to be published and used to illustrate, promote, and advertise the listed programs including but not limited to use on the St. Bernadette Website.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

I DO NOT GIVE my permission and consent for my son/daughter to participate in all photographs, videotapes, likeness of image or interviews to be taken during the Pre-School Education Program (PEP) and / or family formation events.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

TUITION	
Tuition for PEP Class 2016-2017 School Year: \$50.00	Due Date: 9/2/2016
Tuition for Homeschool 2016-2017 School Year: \$35.00	Due Date: 9/2/2016
Preferred Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other Arrangements	

HANDBOOK AGREEMENT	
I, _____, PEP parent or guardian at St. Bernadette Parish understand and agree to abide by the rules in this handbook.	
Parent/Guardian Signature: _____	Date: _____
Relationship to Child: _____	

VOLUNTEERS	
Name of Volunteer: _____	Adult or Student: _____
Need Service Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours do you need? _____	
Please provide Phone Number and Email (if Different from Page 1): Phone Number: _____ Email: _____	
I can help: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Holiday Parties <input type="checkbox"/> Substitute Volunteer (In event of illness/family emergency)	
I certify I am VIRTUS Trained <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Complete VIRTUS Class by: _____	

AFFIRMATION STATEMENT	
I hereby affirm that the information provided on this application is true and correct. I understand that an incomplete application will not be accepted. Furthermore, I understand that applications are taken on a first come, first serve basis. If the class becomes full, I understand that my child will be placed on a waiting list until an opening becomes available. In addition, if the class is full I understand that I may elect to participate in the homeschool option until an opening becomes available. Payment is required prior to the start of class unless other arrangements have been made in advance.	
Individual completing form: _____	Relationship to Child: _____
The above information is true to the best of my knowledge.	
_____ <i>Parent/Guardian signature</i>	_____ <i>Date</i>

Class Description: Introduction to religion at the Pre-School level for ages 3-5. Teaches children about God, Mary, and Jesus. In addition, helps children understand the many gifts God has given us. We will sing, play games, read stories, and complete art projects in this class. Classes follow the PRP Calendar and generally run September through May during the 11:00 am Mass.

Class Requirements: All children must be 3 years old by September 1, 2016 and toilet trained to enter this class. At least one Parent or responsible adult must attend the 11:00 am Mass (or volunteer to help) while the child is in the class. No previous Pre-School classroom experience is required.

Registration Information: Please send completed forms with your payment to the Parish Office at 1479 Locust Lake Rd. Amelia, OH 45102 or place in an envelope labeled "PEP" in the collection basket. Please make checks payable to St. Bernadette Church and note "Pre-School Education Program" or "PEP" along with your child's name in the Memo. Registrations will not be considered until payment is received and all portions of the registration packet are complete. **Registrants are accepted on a first come, first serve basis** and are contingent upon the number of volunteers available.

Volunteer Information: We require a 5:1 Student/Adult Ratio for the Pre-School age level. All adult volunteers for PEP are required to be VIRTUS trained. The number of students we can serve is solely based on the number of adult volunteers we have. Students 5th Grade and up are welcome to help and will receive valuable experience working in the classroom. Helping with the PEP Program can help reduce any needed service hours.

Questions? Please contact the Parish Office at 513-753-5566 or the PEP Program Coordinator, Jennifer Harris at 513-604-6851
Jennifer.harris411@yahoo.com.