

**ST. FRANCIS OF ASSISI  
R.E.A.C.H. PROGRAM REGISTRATION**

1501 West Boughton Road  
Bolingbrook, IL 60490  
Phone: 630-759-7588 Fax: 630-759-5257

School Year: \_\_\_\_\_

Family Home Parish \_\_\_\_\_

Family Name \_\_\_\_\_

Family email address \_\_\_\_\_

Father's Name \_\_\_\_\_

Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Maiden name \_\_\_\_\_

Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Marital Status \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

**Dismissal Procedures: Child will remain in classroom until parent/guardian arrives**

**EMERGENCY CONTACT:**

In the event of an emergency, if you are unable to reach us, please contact the following (other than parent)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student Name \_\_\_\_\_

Sex: M F

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Type of disability, if known \_\_\_\_\_

Brothers/sisters names & ages \_\_\_\_\_

Types of pets and names \_\_\_\_\_

Interests and hobbies \_\_\_\_\_

School Attending \_\_\_\_\_

School District \_\_\_\_\_

Type of Education Program (i.e. mainstreamed, special education classroom, etc.):

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

**\*\*\*If you are registering for the first time, please provide any previous religious education history such as name of church and any sacraments already received**

Baptism \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Eucharist \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Reconciliation \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Number of years of Religious Education \_\_\_\_\_

Current interest in/exposure to Religious experiences:

Church attendance \_\_\_\_\_ Prayer at home \_\_\_\_\_

Religious instruction from parents, godparents, others \_\_\_\_\_

Please give us any information about your child's capabilities, strengths and fears to help us give your child an awareness of God's love in their life and to help him/her find their own special gifts

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

## MEDICAL BACKGROUND

Medication (be specific):

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Food Allergies \_\_\_\_\_

No known food allergies \_\_\_\_\_

Only Parent will provide snacks for student \_\_\_\_\_

Can only have these snack foods \_\_\_\_\_

**Other Significant allergies:**

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## PHYSICAL INFORMATION

Gross Motor Skills: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Fine Motor Skills: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Mobility: No need for assistance \_\_\_\_\_ Unsteady/needs a friend at his/her side \_\_\_\_\_

Uses the following:

Wheelchair with no assistance	_____
Wheelchair with some assistance	_____
Walker	_____
Crutches	_____
Cane	_____
Other _____	_____

Language Skills

No difficulty in giving verbal responses	_____
Speech is difficult to understand	_____
Ask for child to repeat back	_____
Yes or No responses	_____
Processes slowly	_____
Sign Language	_____
PECS	_____

Other considerations:

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## PHYSICAL INFO CONT.

### Written Communication

No difficulty reading/writing at grade level \_\_\_\_\_  
Child reads at grade level \_\_\_\_\_

### Visually Impaired Needs

Material in large print \_\_\_\_\_  
Braille \_\_\_\_\_  
Materials on tape \_\_\_\_\_  
Needs someone to read with them \_\_\_\_\_  
Cannot write or print, but uses computer \_\_\_\_\_  
Needs some assistance in writing (demonstrate) \_\_\_\_\_  
Child can tape record responses \_\_\_\_\_  
Child needs someone to write down responses \_\_\_\_\_

Visually Impaired: Special considerations / list any other devices used to aid child

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### Hearing Impaired Needs

Child is hard of hearing \_\_\_\_\_  
Child is deaf \_\_\_\_\_  
Knows ASL (American Sign Language) \_\_\_\_\_

Hearing Impaired: Special considerations / list any other devices used to aid child (hearing aids, BAHA, cochlear implant, FM system)

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### Learning Style

Learns from what he/she hears \_\_\_\_\_  
Learns from what he/she sees \_\_\_\_\_  
Learns from what he/she touches/handles \_\_\_\_\_  
Learns from what he/she is involved in doing \_\_\_\_\_  
Learns from what he/she talks about \_\_\_\_\_

Other considerations:

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Attention Span—What helps hold the child's attention

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Distractibility—What types of things are distracting to the child (visual stimuli, sounds, etc)

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**PHYSICAL INFO CONT.**

Signs of unhappiness, agitation or emotionally upset are:

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Events that might trigger these behaviors:

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Ways to help regain emotional equilibrium:

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**Bathroom Skills**

- Independent \_\_\_\_\_
- Needs some assistance \_\_\_\_\_
- Total assistance \_\_\_\_\_
- Catheter \_\_\_\_\_

Other considerations:

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**Other relevant medical needs/information**

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**MEDICAL RELEASE**

In the event that the undersigned, or my (our) authorized emergency contact, can not be reached and in the judgment of the Director of Religious Education or other person responsible for the program or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment for medication deemed necessary.

**Date or dates for which release is intended: September 10, 2018 through May 11, 2019**

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

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Date