

**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):

Food Allergies _____

No known food allergies _____

Only Parent will provide snacks for student _____

Can only have these snack foods _____

Other Significant allergies:

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:

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

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)

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:

Attention Span—What helps hold the child's attention

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

PHYSICAL INFO CONT.

Signs of unhappiness, agitation or emotionally upset are:

Events that might trigger these behaviors:

Ways to help regain emotional equilibrium:

Bathroom Skills

- Independent _____
- Needs some assistance _____
- Total assistance _____
- Catheter _____

Other considerations:

Other relevant medical needs/information

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date