



**The Catholic Diocese of Arlington - Religious Education
Nativity Parish SPRED Child Registration Form 2019-2020**

Staff Use Only:

Date Received _____ Pd: cash _____ ck# _____

Class Assigned: _____

Today's Date _____ Child's Name: (Last and First) _____

Child's Birth Date: ___/___/___ 2019-2020 Grade _____ Name of School _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Street Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Family's Home Parish: _____

Email: _____

Emergency Contact Information:

In case of emergency and either parent cannot be reached, who may be contacted?

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Sacrament Information: Please check the sacraments the child has received:

_____ Baptism _____ First Communion _____ Confirmation

Do you feel your child is spiritually and developmentally ready to receive a sacrament this year?

Which sacrament would you like your child to receive? Please comment here:

Medical Information:

List current medications: _____

List any food/medicine allergies: _____

Note: A snack is shared in the SPRED program!

Family Physician: _____ Phone: _____

Special Needs Information:

What is your child's disability? _____ ***Does your child have an IEP?*** ___yes ___no

If yes, has a copy been given to SPRED teacher? ___yes ___no

Is he/she: ___Verbal ___Non-verbal Does he/she use a speech generating device: yes ___ no ___ If yes,

please indicate which speech program _____

Does he/she have a behavior plan ___yes ___no If yes, has a copy been given to SPRED?

___ Yes ___ No

*Visual impairment or wear glasses? _____ Yes _____ No

Please describe: _____

*Hearing impairment or wearing hearing aides? _____ Yes _____ No

Please describe: _____

*Speak American Sign Language? _____ Yes _____ No

*Have seizures? _____ Yes _____ No If yes, please describe.

Type/Frequency _____

What techniques and/or procedures are to be used for this child when he/she is having a seizure to assure comfort and safety? _____

*Describe his/her eating ability: _____

*Describe his/her toileting ability: _____

*What are his/her favorite hobbies, music etc? _____

*If he/she gets upset or very sad, what is the best way to calm him/her? _____

Please provide any additional information that might be helpful to better understand your child:

Photo Release Permission: I authorize Nativity Parish and The Catholic Diocese of Arlington to use and publish the photographs and/or motion pictures of videotape for which my child/ren have posed, and/or audio recordings made of his/her voice. I agree that Nativity Parish and The Catholic Diocese of Arlington may use such photographs of my child/ren with or without his/her name and for any lawful purpose, including for such purposes as publicity, illustration, bulletin, and web content.

Parent Signature: _____ Date: _____

Medical Information:

I, _____, parent/guardian of _____, agree to indemnify the Nativity Parish, Employees of the Office of Religious Education, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of any medical care given my child or any expenses or fees incurred in any law-suit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctor of Medicine or Doctor of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Parent/Guardian Signature: _____ Date: _____

Registration Fee:

The registration fee is \$50.00 per child (to help with the cost of materials). No child will be denied participation due to financial difficulty. Please contact the RE office in case of financial hardship 703-455-0372.