

REGISTER NOW FOR SCHOOL YEAR RELIGIOUS EDUCATION PROGRAM

Deaf Apostolate
Archdiocese of Philadelphia
Religious Education Program
2009- 2010 Registration Form

Student's Name: _____ Boy _____ Girl _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth ____/____/____ Age in September 2009: _____

School: _____ Grade in September 2009: _____

Parish Church: _____

Parents/Guardian's name(s): _____

Telephone: (Please indicate if you have a tty / VP or not) _____

Home: _____ Work: _____ Emergency: _____

E-Mail: _____ Cell Phone _____

Does your Child have any of these: Allergies, Physical, Medical, Learning disability or Emotional/Social disability? If Yes, Please explain: _____

The fee for one child is \$40.00 and \$60.00 for two or more children in a family.
Please submit completed form and registration fee to:

Deaf Apostolate, 222 North Seventeenth Street -8th Floor
Philadelphia PA 19103-1299
215-587-3913 v/tty/vp
215-587-0510 tty

All parents are expected to take a very active part in helping their children grow in Faith. Weekly participation at Mass as a family and daily prayer are extremely important for your child's faith development.

We/I believe that we/I are/am committed to our/my child's religious education:

(Parent/s Signature/s)

Please check your preference for when your Child will receive Religious Education:

- Sundays - before or after ASL or Interpreted Masses.
- During the week. Which evening would be best for you? _____
- Pennsylvania School for the Deaf, Philadelphia - After School
- Please contact me to discuss other options for my child.

***Please provide a copy of your child's baptismal certificate if this is his/her first time to register.**