

St. John Bosco Youth Education  
Program for  
Children with Special Needs



Bringing  
GOD  
To Special Needs  
Children  
Of our parish

## RELIGIOUS EDUCATION CLASSES FOR CHILDREN WITH SPECIAL NEEDS 2023/2024

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-Mail will be used to notify you of cancellation and other important info.

PARENT E-MAIL ADDRESS \_\_\_\_\_

\*\*\*\*\*PARENTS/GUARDIANS\*\*\*\*\*

FATHER:

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

MOTHER:

NAME: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

### I WOULD BE INTERESTED IN VOLUNTEERING

CATECHIST \_\_\_\_\_

AIDE \_\_\_\_\_

SET-UP \_\_\_\_\_

MUSIC \_\_\_\_\_

LAMINATING/CUTTING MATERIALS \_\_\_\_\_

MAILINGS/EMAILS \_\_\_\_\_

CLEAN UP \_\_\_\_\_

OTHER \_\_\_\_\_

REGISTERED AT THIS CHURCH: Y N

\*\*\*\*\*EMERGENCY CONTACT\*\*\*\*\*

IN THE EVENT OF AN ILLNESS OR AN EMERGENCY, DURING RE CLASS, PLEASE PROVIDE INFORMATION FOR SOMEONE LOCAL OTHER THAN  
PARENT OR GUARDIAN:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPLETE ONE FORM FOR EACH CHILD YOU WISH TO REGISTER

FAMILY NAME \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

GENDER: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

SCHOOL: \_\_\_\_\_

**SESSION TUESDAY 5:30-7:00**

Sacramental Prep

\_\_\_\_ 1st Reconciliation \_\_\_\_ 1st Communion \_\_\_\_ Confirmation

Religious Education

\_\_\_\_ My student has a disability and is high functioning, but needs a smaller and more structured setting

\_\_\_\_ My student has cognitive delays and needs an adaptive curriculum

CIRCLE GRADES OF CATHOLIC SCHOOL AND/OR RELIGIOUS EDUCATION COMPLETED: K 1 2 3 4 5 6

	DATE	NAME OF CHURCH	ADDRESS:
BAPTISM:	____/____/____	_____	_____
RECONCILIATION:	____/____/____	_____	_____
1 <sup>ST</sup> COMMUNION:	____/____/____	_____	_____

\*\*\*\*\* MEDICAL INFORMATION \*\*\*\*\*

**ANY INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.**

DOES CHILD NAMED ON FORM REQUIRE ANY SPECIAL ATTENTION REGARDING AREAS LISTED BELOW? (PLEASE X ALL THAT APPLY):

**ALLERGIES**

\_\_\_\_ Food (Specify)  
\_\_\_\_\_  
\_\_\_\_ Medications Allergic to (Specify)  
\_\_\_\_\_  
\_\_\_\_ Bee Stings  
\_\_\_\_ Other Allergies (Specify)

**SPECIAL LEARNING NEEDS**

\_\_\_\_ Individual Education Plan (IEP)  
\_\_\_\_ Attention Deficit Disorder  
\_\_\_\_ Behavior Disorder  
\_\_\_\_ Learning Disorder  
\_\_\_\_ Hearing Limitations  
\_\_\_\_ Vision Limitations  
\_\_\_\_ Reading Limitations  
\_\_\_\_ Writing Limitations  
\_\_\_\_ Speech Limitations  
\_\_\_\_ Cognitive delay  
\_\_\_\_ Autism

**ILLNESSES**

\_\_\_\_ Asthma  
\_\_\_\_ Seizures  
\_\_\_\_ Other (Specify)  
\_\_\_\_ Physical Limitations (Specify)

PLEASE EXPLAIN ANY CHECKED ABOVE:

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

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IF YOUR CHILD TAKE MEDICATIONS ON A REGULAR BASIS THAT WE SHOULD BE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE SPECIFY: \_\_\_\_\_

**PERMISSION TO PHOTOGRAPH YOUR CHILD**

Occasionally photographs are taken at Religious Education classes to be published in the bulletin.

\_\_\_\_\_ I do not want my child to be photographed while attending any Religious Education program.