



OUTREACH IN LOVE RELIGIOUS EDUCATION PROGRAM

OUTREACH IN LOVE STATEMENT OF PURPOSE

OUTREACH IN LOVE IS A PROGRAM OFFERING FELLOWSHIP AND RELIGIOUS EDUCATION TO YOUNG PEOPLE WITH MENTAL DISABILITIES. THEIR EDUCATION CONSISTS OF EXPERIENCING GOD'S LOVE THROUGH THE ACTIONS OF OTHERS, FAMILY LITURGIES AND SACRAMENTAL PREPARATION.

BECAUSE OF THE VARYING AGES AND ABILITIES OF THE STUDENTS, IT IS OUR GOAL TO PROVIDE INDIVIDUAL STUDENTS WITH A TEACHER. CLASSES ARE SCHEDULED 7:00-8:30 PM FOR THE YOUNG ADULTS WEDNESDAY EVENINGS AT ST. EDWARDS. THE CHILDREN'S PROGRAM WILL MEET ON SUNDAYS FROM 10:00 TO 11:00 A.M. AT ST. EDWARDS.

NAME OF CHILD _____
Last First Middle

NAME you want child called _____

Date of Birth _____ Gender _____

Adult with whom student lives---please indicate relationship

Name _____
(Mother/ StepMother/ Father/ Step Father/ Guardian)

Address _____

_____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Home Parish/Church Affiliation _____

SCHOOL CHILD ATTENDS: _____

Functioning Level: _____ EMR _____ TMR

Indicate any physical, learning or emotional/behavioral problems we should know about (i.e. hyperactivity, communication, hearing impairments)

If the student is on any regular medication, list and indicate reason:

List any allergies (particularly food allergies):

CHECK SACRAMENTS STUDENT HAS RECEIVED:

☐ Catholic Baptism ☐ Eucharist ☐ Reconciliation
☐ Confirmation

IF CHILD HAS NOT YET RECEIVED SACRAMENTS, WOULD YOU BE INTERESTED?

☐ Yes ☐ No Indicate which sacrament(s)

Do you need transportation to Outreach - Wednesday, P.M. OR Sunday, A.M.?

☐ Yes ☐ No

We would like to formulate a list of students' names and addresses. Your signature will give approval for this to be done.

Parent's Signature Date

THIS INFORMATION IS VITAL TO THE DEVELOPMENT OF AN ADEQUATE PROGRAM FOR YOUR CHILD. WE APPRECIATE THE TIME YOU TOOK TO FILL THIS OUT.