



## 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. FOR MORE INFORMATION, CONTACT *JOAN CONGABLE @ 387-1756*.

NAME OF CHILD \_\_\_\_\_  
Last First Middle

NAME you want child called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

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)

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

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List any allergies (particularly food allergies): \_\_\_\_\_

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**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.**