

2019-2020 REGISTRATION – ARISE (Association for Religious Instruction, Special Education)

Student's Name: _____ Birthdate: _____

Home Address: _____

City: _____ Zip Code: _____ Phone: _____

Adult Family Home (AFH) Manager: _____

Cell Phone: _____ E-Mail: _____

Father's Name: _____ Mother's Name: _____

Religion: Father _____ Mother _____

Child lives with: Both parents Father Mother AFH Other _____

Sibling's names and ages: _____

Transportation: AFH Van Car City Bus First Transit Transit Express

E-mail (only used for ARISE communication): _____

Parish registered at: _____

School Child/Teen attend (Spring 2019): _____

Circle sacraments already received: Baptism First Communion Reconciliation Confirmation

Circle sacraments you wish to receive: Baptism First Communion Reconciliation Confirmation

Check area of disability and note any information that would be helpful to know:

Cognitive disability _____

Learning disability _____

Autism Spectrum _____

Emotional disability _____

Attention deficit disorder _____

Physically handicapped _____

Other _____

In addition to the above information, does your child have problem(s):

Hearing _____ Seeing (wears glasses?) _____

Coordination _____ Seizures _____

Diabetes _____ Food Allergies _____

Name of Student: _____

Is your child taking any medication that may affect his/her behavior during class time (6:30-7:30 p.m.)?

If necessary, briefly describe any behavior management techniques that may be useful to the catechist:

Specify any other areas your child needs help in (i.e. social skills, listening, etc.)

Feel free to add another sheet with more information, if necessary.

If registering for the first time, how did you hear about the **ARISE** program?

Please list a contact person and phone number in event of emergency during instruction time:

Name: _____ Phone Number: _____

Please sign below to give permission to obtain treatment for your child in the event that we are unable to reach you during a medical emergency.

Signature: _____ Date: _____



2019-2020 Photography Consent and Authorization

I hereby consent that photographs and videos may be taken of my child and authorize ARISE to use these photos and videos in advertising and marketing activities to benefit the program. I understand and agree that the use of these pictures and videos are not an invasion of privacy. Neither I nor anyone claiming to be speaking on my child's behalf will later object to the ARISE program's use of this/these photographs or videos.

Student Name: _____

Signature of Student or Guardian: _____

Mail registration form and \$50 registration fee to:

ARISE, St. Gregory the Great, 3160 S. 63rd Street, Milwaukee, WI 53219

**For more information, contact Tom and Sue Klawien
at 414-614-7071 or ariseprogram@gmail.com**