

**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. 63<sup>rd</sup> Street, Milwaukee, WI 53219**

**For more information, contact Tom and Sue Klawien  
at 414-614-7071 or [ariseprogram@gmail.com](mailto:ariseprogram@gmail.com)**