



SAINT BRIGID ROMAN CATHOLIC CHURCH
3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022

TRICIA BORAH
678-643-2048 TBORAH@SAINTBRIGID.ORG

REGISTRATION FORM 2019-20



LIFE TEEN/EDGE SPECIAL NEEDS AGES 11-21

\$125 Registration fee

FAMILY NAME: _____ **ENVELOPE #:** _____

Emergency Phone Number: _____ **Relationship to student:** _____

Mailing Address: _____

Street

City

Zip Code

Phone: _____ **Email Address:** _____

REQUIRED- PLEASE UPDATE

Father's Full Name: _____ **Father's Cell:** _____

Mother's Full Name: _____ **Mother's Cell:** _____

STUDENT INFORMATION:

Last: _____ **First:** _____ **Middle:** _____ **Goes by:** _____

Date of Birth: _____ **Male** _____ **Female** _____

2019/20 Grade Level: _____ **School Student Attends in 2019/20:** _____

Sacraments Received:	Baptism		First Communion		Reconciliation		Confirmation	
	Yes	No	Yes	No	Yes	No	Yes	No
<i>Circle:</i>								

Child's primary diagnosis and/or health concerns we should be aware of: _____

CARE NEEDS:

VISION: ___ Typical ___ Impaired ___ Blind
HEARING: ___ Typical ___ Impaired ___ Deaf ___ Hearing Aid
MOTOR: ___ Head control ___ Rolls over ___ Sits ___ Crawls ___ Walks
USES: ___ Walker ___ Crutches ___ Braces ___ Wheelchair

Please describe any special positioning or other needs your child may have: _____

CAN COMMUNICATE WITH OTHERS USING:

Speech: ___ Words ___ Phrases ___ Sentences ___ Babbles ___ Gestures ___ Sign Language
___ Other (describe): _____

Language spoken at home: _____

CAN UNDERSTAND WHAT OTHERS SAY: ___ All the time ___ Most of the time ___ Some of the time
___ Recognizes voices of family members.

TOILETING SKILLS:

___ Toilets independently ___ Diapers: ___ Cloth ___ Disposable
___ Currently being potty trained ___ Potty trained, needs assistance

Frequency/Schedule: _____

How does your child indicate a need to use the toilet? _____

EATING HABITS:

Feeds self by using: spoon fork hands Requires feeding Bottle fed
Drinks from cup: with assistance by self

Special Diet: _____

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: _____

ALLERGIES: (Drugs, Food, Other) _____

BEHAVIOR: (check all that apply)

- Shy Outgoing Is sometimes destructive
- Plays alone Plays in groups Sometimes threatens others
- Adapts to new situations well Sometimes hits, bites, or hurts self/others
- Adapts to new situations with difficulty Sometimes attempts to run away
- Responds to correction well Hyperactive and/or ADD
- Responds to correction with difficulty


My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

My child becomes upset when/or does not enjoy: _____

How can we redirect inappropriate behavior? _____

 These are a few of my child's favorite things: _____

You didn't ask, but I want you to know this, too: _____



CATHOLIC ARCHDIOCESE OF ATLANTA
Saint Brigid Catholic Church

Annual Medical Release

Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Form box for Father/Guardian's information including full name, Social Security Number, Phone #, Home address, Place of business/address, and Phone #.

Form box for Mother/Guardian's information including full name, Social Security Number, Phone #, Home address, Place of business/address, and Phone #.

(Both sides need to be complete and signed)

Name of Participant _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

This Medical Release is good for the period of one year; beginning May 1, 2019 and ending May 1, 2020.

Photo Release

- ◆ I understand that promotional pictures (individual or group) will be taken at Life Teen/Edge Special Needs events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

Signature of Parent / Guardian _____ Date _____