

2023 – 2024 St. Philip Neri SPRED Registration



PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Full Address: (Please provide Street, City, State & Zip Code)

Phone Number:	Email:
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Emergency Contact:	Emergency Contact Phone:
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Are you Registered at St. Philip Neri? Yes No

STUDENT'S INFORMATION

Please complete all information.

Name:

Please provide the first and last name of the student and nickname if applicable.

Student's Functioning Level (age or grade):

Goals For Attending SPRED

Please describe the goals that you have for the student in participating in the SPRED Program. (Sacraments, spiritual goal (s) i.e., growing closer to God, social goal(s).

Sacraments That Student Has Received

Please check off all Sacraments the student has received.

- Baptism**
- Reconciliation**
- Eucharist**

STUDENT'S MEDICAL INFORMATION

Visual Impairment/Glasses?

- Yes**
- No**

Hearing Impairment/Aid?

- Yes**
- No**

Food Allergies

Does the student have any food allergies (Yes or No)? If yes, please provide specifics.

- Yes**
- No**

Special Diet

Does the student follow a special diet (Yes or No)? If yes, please provide specifics (i.e., Gluten Free).

- Yes**
- No**

SPRED Refreshments

Will the student be able to have SPRED provided refreshments?

- Yes** **No**

Seizures Information

If the student experiences seizures, please describe type and frequency.

Student's Toileting Ability

Please describe the student's toileting ability.

Medications

Please provide any medication information that you want to share.

Student Allergies

Does the student have any allergies? If yes, please specify below.

- Yes** **No**

Special Instructions

If you have special instructions, please provide below.

PARENTAL/GUARDIAN RELEASE

I understand that reasonable precautions will be taken to safeguard the health and well-being of those participating in this program, and I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize St. Philip Neri Catholic Church, or other associated volunteers of SPRED program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese of Charleston and St. Philip Neri Catholic Church from all manners and actions, claims which I or the child(ren) named above shall or may have any reason, arising during my child's(ren's) attendance of the St. Philip Neri SPRED Program.

Unless other written instruction is submitted, I also consent to allowing my child's(ren's) image to be recorded, either by photograph or video. Pictures will NOT be used for any outside publication. Church uses ONLY.)

Parental/Guardian Signature:	Date: