

**Registration Form**  
**from the Diocese of Cincinnati**

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Child's age \_\_\_\_\_

School attended \_\_\_\_\_ Educational program \_\_\_\_\_

School district \_\_\_\_\_ Child's disability \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's religion \_\_\_\_\_

Father's name \_\_\_\_\_ Father's religion \_\_\_\_\_

Registered at \_\_\_\_\_

Previous religious training \_\_\_\_\_

**Sacraments Received:**

Baptism	Yes ___ No ___	Church _____
Eucharist	Yes ___ No ___	Church _____
Reconciliation	Yes ___ No ___	Church _____
Confirmation	Yes ___ No ___	Church _____

**Method of Communication:** (Check all that apply)

Speech understandable	_____
Speech difficult to understand	_____
Signs	_____
Uses communication board	_____
Uses communication book or pictures	_____
Non-verbal but makes needs known	_____
Non-verbal; does not make needs known	_____
Other	_____

**Medical Considerations:**

Seizures	_____
Motor difficulties	_____
Food allergies	_____
Special diet	_____
Any other	_____

**Bathroom Skills:**

Independent \_\_\_\_\_  
Needs some assistance \_\_\_\_\_  
Total assistance \_\_\_\_\_  
Catheter \_\_\_\_\_

**Educational Skills:**

Approximate developmental functioning level \_\_\_\_\_

Please list some acquired skills, e.g. reads by sight words

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Please answer these statements to give the teachers a better understanding about your child. Additional space is provided for other comments or suggestions.

1. My child is best at \_\_\_\_\_

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2. My child needs the most help with \_\_\_\_\_

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3. My child most enjoys \_\_\_\_\_

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4. My child least enjoys \_\_\_\_\_

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5. When I play or work with my child we usually \_\_\_\_\_

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6. Ways I have tried to help my child with behavior or school work that have worked are \_\_\_\_\_

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7. Ways that did not work are \_\_\_\_\_

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8. Special concerns I have \_\_\_\_\_

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9. What I expect him or her to learn in this case \_\_\_\_\_

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10. Suggestions I have \_\_\_\_\_

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Other comments \_\_\_\_\_

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