

2011-2012



NICE
Needs In Catholic Education Programs

Our Lady of Mercy Parish Registration Form. NO FEE

DONATION ACCEPTED

Child's Full Name _____ Age as of (Sept. 11) _____

Need (ex: PDD, Autism, ADHD, vision, hearing impaired, etc.) _____.

Our program is held in the lower level. Is your child able to use the stairs with assistance? _____

Communication skills: (ex: verbal, sign language etc.) _____

What school or program does the child attend? _____ Town _____

Child's Birthday _____ Male ___ Female ___

Mother's Name _____ Religion _____

Father's Name _____ Religion _____

This is a family inclusive program. In order to prepare crafts and supplies,
do you have other children who may also wish to attend? _____

Names and ages _____

Other Relative that may be bringing the child _____ How related _____

Family Mailing Address _____

Other Family member who wishes to receive information mailings.

Address _____

Phone _____ Cell _____

Sacraments the child has received.

Baptism _____ Parish received _____

Reconciliation _____ Parish received _____

First Communion _____ Parish received _____

Confirmation _____ Parish received _____

We will have Music, Prayer, Story, and simple Craft all in less than 20 min.

What does your child like to do? _____.

What does your child not like to do? _____

Anything else that would be helpful to know? (You may write on the back) _____➔