



# N.I.C.E. Registration 2016-2017

No Fee – Donation Accepted

## *Needs In Catholic Education* –Our Lady of Mercy Parish

CHILD'S FULL NAME \_\_\_\_\_ AGE AS OF SEPT.2016 \_\_\_\_\_

NEED (EX: PDD, AUTISM, ADHD,) \_\_\_\_\_

CHILD'S BIRTHDAY \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ RELIGION \_\_\_\_\_

FAMILY MAILING ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

WHAT SCHOOL OR PROGRAM DOES THE CHILD ATTEND DURING THE WEEK? \_\_\_\_\_

\_\_\_\_\_ Town \_\_\_\_\_

WILL YOU BE ATTENDING "LITURGY OF THE WORD WITH SPECIAL NEEDS" @ 11 AM MASS \_\_\_\_\_

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

Names and ages of siblings: \_\_\_\_\_

Name of other family member who may be bringing the child \_\_\_\_\_

How related \_\_\_\_\_

Our program is held in the lower level. Is your child able to use the stairs? \_\_\_\_\_

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

Hearing or vision impaired \_\_\_\_\_

### SACRAMENTS THE CHILD HAS RECEIVED.

BAPTISM \_\_\_\_\_ PARISH \_\_\_\_\_

RECONCILIATION \_\_\_\_\_ PARISH \_\_\_\_\_

FIRST COMMUNION \_\_\_\_\_ PARISH \_\_\_\_\_

CONFIRMATION \_\_\_\_\_ PARISH \_\_\_\_\_



# CHILD HISTORY

WHAT CAN YOU TELL US ABOUT YOUR CHILD THAT WOULD HELP US TO UNDERSTAND HOW BEST TO SUPPORT HIS/HER FAITH DEVELOPMENT.

WRITE BELOW:

If you are planning to attend our Sunday program at 11:00 AM Mass, we will have Music, Prayer, Story, and simple Craft all in less than 20 min.

What does your child like to do? What captures his/her attention? \_\_\_\_\_

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What does your child not like to do? \_\_\_\_\_

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Is there anything else that would be helpful for us to know?