



**OUTREACH IN LOVE
RELIGIOUS EDUCATION PROGRAM
INFORMATION SHEET FOR 2010-2011**

OUTREACH IN LOVE STATEMENT OF PURPOSE

OUTREACH IN LOVE IS A PROGRAM OFFERING FELLOWSHIP AND RELIGIOUS EDUCATION TO YOUNG PEOPLE WITH MENTAL RETARDATION. THEIR EDUCATION CONSISTS OF EXPERIENCING GOD'S LOVE THROUGH THE ACTIONS OF OTHERS, FAMILY LITURGIES AND SACRAMENTAL PREPARATION.

BECAUSE OF THE VARYING AGES AND ABILITIES OF THE STUDENTS, IT IS OUR GOAL TO PROVIDE INDIVIDUAL STUDENTS WITH A TEACHER. CLASSES ARE SCHEDULED 7:00-8:30 PM FOR THE YOUNG ADULTS WEDNESDAY EVENINGS AT ST. EDWARDS. THE CHILDREN'S PROGRAM WILL MEET ON SUNDAYS FROM 10:00 TO 11:00 A.M. AT ST. EDWARDS. **FOR MORE INFORMATION, CONTACT JOAN CONGABLE @ 387-1756.**

NAME OF CHILD _____
Last First Middle

NAME you want child called _____.

Date of Birth _____ Sex _____

Adult with whom student lives. (Indicate relationship)

Name _____
(Mother/ StepMother/ Father/ Step Father/ Guardian)

Address _____
Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Home Parish/Church Affiliation _____

SCHOOLS CHILD ATTENDS: _____

Functioning Level: _____ EMR _____ TMR

Indicate any physical, learning or emotional/behavioral problems we should know about (i.e. hyperactivity, communication, hearing impairments)

If the student is on any regular medication, list and indicate reason:

List any allergies (particularly food allergies): _____

CHECK SACRAMENTS STUDENT HAS RECEIVED:

Catholic Baptism Eucharist Reconciliation
 Confirmation

IF CHILD HAS NOT YET RECEIVED SACRAMENTS, WOULD YOU BE INTERESTED?

Yes No Indicate which sacrament(s) _____

Do you need transportation to Outreach - Wednesday, P.M. OR Sunday, A.M.?

Yes No

We would like to formulate a list of students' names and addresses. Your signature will give approval for this to be done.

Parent's Signature

Date

THIS INFORMATION IS VITAL TO THE DEVELOPMENT OF AN ADEQUATE PROGRAM FOR YOUR CHILD. WE APPRECIATE THE TIME YOU TOOK TO FILL THIS OUT.