

Ss. Peter & Paul / Our Lady of the Sacred Heart

Parish Religious Education Program

Student Registration

FAMILY NAME: _____

PLEASE LIST YOUR STUDENTS ENROLLING IN PREP THIS YEAR:

_____ DOB: _____ GRADE _____ SCHOOL _____

_____ DOB: _____ GRADE _____ SCHOOL _____

_____ DOB: _____ GRADE _____ SCHOOL: _____

HOME ADDRESS: _____ PHONE _____

Street Address / Zip Code

PARENTAL STATUS: ___ MARRIED ___ DIVORCED / SINGLE ___ WIDOWED ___ GUARDIANSHIP

MOTHER'S NAME: _____ FATHER'S NAME _____

2ND ADDRESS: _____ DAD ___ MOM ___ OTHER ___

Street Address / Zip Code

ALTERNATE PHONE NUMBERS: _____ ; _____

EMAIL ADDRESS TO SEND PREP INFORMATION: _____ @ _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

ANY MEDICAL CONDITIONS THAT WILL AFFECT CLASSROOM PARTICIPATION?

Please list condition and medication or treatment for each student

STUDENT _____ : _____

STUDENT _____ : _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature below empowers the church authorities to exercise their own judgment in calling either the physician listed above or emergency medical services and having the child transported to a hospital emergency room. Your signature below does not authorize release of confidential information protected by Federal Law. Please note: It is your responsibility to notify PREP coordinator of any changes to the above information.

Parent Signature: _____ Date: _____

OVER

SACRAMENTAL INFORMATION

ARE YOU REGISTERED MEMBERS OF: SSPP _____ OLSH _____

If not, do you wish to register? Yes No By circling "yes" we will mail you parish registration forms.

Are you registered at another parish? _____

Religion of Father: _____ Religion of Mother: _____

STUDENTS:

NAME: _____ GENDER: _____
BAPTIZED ____Y ____N Where and When? _____
PENANCE ____Y ____N EUCHARIST ____Y ____N

NAME: _____ GENDER: _____
BAPTIZED ____Y ____N Where and When? _____
PENANCE ____Y ____N EUCHARIST ____Y ____N

NAME: _____ GENDER: _____
BAPTIZED ____Y ____N Where and When? _____
PENANCE ____Y ____N EUCHARIST ____Y ____N

NAME: _____ GENDER: _____
BAPTIZED ____Y ____N Where and When? _____
PENANCE ____Y ____N EUCHARIST ____Y ____N

*Children celebrating a Sacrament this year who were NOT baptized at Sts. Peter and Paul or Our Lady of the Sacred Heart must obtain a Baptismal Certificate from the church of baptism. You may contact the church of baptism and have the certificate sent directly to us. Please do this when you register for PREP.

Are there any special circumstances we might need to be aware of, such as: visitation schedules, special learning needs, recent family changes, fears, etc?

The 2018-2019 fee for PREP will be \$50 per student.

Attention! Early bird pricing! Pay by the August 31st deadline – only \$35 per student

_____ If you need assistance with the fee, please initial here, and we will mail you a tuition assistance form. Do not allow the cost to keep your child(ren) out of PREP! We will work with you any way we can.