

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

**Parish Religious Education Program**

**Student Registration**

**FAMILY NAME:** \_\_\_\_\_

PLEASE LIST YOUR STUDENTS FOR PREP:

\_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

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\_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

Street Address / Zip Code

PARENTAL STATUS: \_\_\_ MARRIED \_\_\_ DIVORCED / SINGLE \_\_\_ WIDOWED \_\_\_ GUARDIANSHIP

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

2<sup>ND</sup> ADDRESS: \_\_\_\_\_ DAD \_\_\_ MOM \_\_\_

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: \_\_\_\_\_

**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 2017-2018 fee for PREP will be \$50 per student.**

Attention! Early bird fee! Pay by the August 31<sup>st</sup> 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.