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Sacred Heart Parish, Swedesburg, PA

Family Registration Form for P.R.E.P. (Parish Religious Education Program) for 2018-2019 School Year

Family Name(s): \_\_\_\_\_ Primary Home Address: \_\_\_\_\_

Primary Home Phone#: \_\_\_\_\_ Primary Email for PREP Communications: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Address (if different from primary): \_\_\_\_\_

Religion: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Full Name (Including Maiden) \_\_\_\_\_ Address (if different from primary): \_\_\_\_\_

Religion: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**CUSTODY OR LEGAL ISSUES?**  Yes  No (If yes, please give brief explanation and provide a complete copy of the latest court order.)

**\*Person responsible for Religious Education if not a Parent or Legal Guardian:** \*Parent/Guardian must provide the DRE with a new letter of permission, dated and signed, each year.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>CHILD 1</b>	_____	_____	____/____/____	_____	_____	_____
	Last, First, Middle	M/F	Date of Birth	School 2018-2019	Grade	PREP Level 2017-2018

**SACRAMENTS RECEIVED**

**Baptism**

**First Penance**

**First Communion**

_____	_____	_____	_____	_____	_____
Date	Church, City	Date	Church, City	Date	Church, City

**MEDICAL/LEARNING DATA:**

If any of the following apply to your child, please provide details.

Individualized Education Program (IEP)  YES  NO  
Prescribed Medications  YES  NO

Medical Conditions/Allergies  YES  NO  
Disability\*/ Learning Support Services  YES  NO

\* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services."

CHILD 2 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Last, First, Middle M/F Date of Birth School 2018-2019 Grade PREP Level  
 2017-2018

**SACRAMENTS RECEIVED**

**Baptism**

**First Penance**

**First Communion**

\_\_\_\_\_  
 Date Church, City Date Church, City Date Church, City

**MEDICAL/LEARNING DATA:**

If any of the following apply to your child, please provide details.

Individualized Education Program (IEP)  YES  NO Medical Conditions/Allergies  YES  NO  
 Prescribed Medications  YES  NO Disability\*/ Learning Support Services  YES  NO

\* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services."

**EMERGENCY CONTACT INFORMATION:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT FOR MEDICAL CARE**

Please READ and check below as appropriate

I give permission that in my absence, my child(ren) whose name(s) appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Parish Religious Education Program and activities at Sacred Heart Parish (including church and school buildings).

I do not give permission. Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR CHILD(REN) TO WALK HOME FROM PREP.**  Granted  Not granted

**CONSENT FOR CHILD(REN)'S LIKENESS TO APPEAR IN THE PUBLIC FORUM, (E.G. PARISH BULLETIN AND WEBSITE, BULLETIN BOARDS, LOCAL NEWSPAPERS, OR ANY OTHER MEDIA, INCLUDING SOCIAL MEDIA) IN REGARDS TO PARISH EVENTS.**  Yes.  No

**PERSONS (INCLUDING PARENTS) WITH PERMISSION TO PICK UP YOUR CHILD(REN) AFTER PREP:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee for 2018-2019 (Payable at time of registration) : Before June 30, 2018: \$100 for one child, \$175 for two or more children. After July 1, 2018: \$150 for one child, \$250 for two or more children. *Please attach any requests for a deferral or a payment plan. Families registered in another parish are to obtain a letter of permission from that parish in order to enroll. If a child is being registered for PREP for the first time, an original copy of his/her Baptism Certificate is to accompany the registration form (unless child was baptized at either Saint Augustine, Our Lady of Mount Carmel, or Sacred Heart Churches).*