**2019-2020**

**For Office Use Only:**

Class Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Lady of Guadalupe Parish Religious Education Program**

**5194 Cold Spring Creamery Road**

**Tel: 267-247-5374 Fax: 267-247-5402**

PREP Registration Form

# **Family Information**

Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail (required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parental Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number & Street City State Zip

Father Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Full Name | Gender | DOB | Grade Level | Name of School | Baptism Date & Parish Name\*\* | Date of 1st Reconciliation | Date of 1st Communion | Sacrament Year – Y/N |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**\*\*For new students and students entering 2nd grade, please attach or send in a copy of each child’s baptismal certificate**

**Session of choice: Monday \_\_\_\_\_\_ Tuesday \_\_\_\_\_\_ Family Catechesis (Homeschool) \_\_\_\_\_\_**

**FAMILY CATECHESIS ONLY:**

Which weeknight and time (after 5pm) works best for you for a 1.5 hour session each month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Sunday Mass time would you prefer to attend for a monthly “Family of Faith” liturgy with hospitality afterward?

\_\_\_\_\_ Saturday 5pm Vigil \_\_\_\_\_\_ Sunday 8:00am \_\_\_\_\_ Sunday 9:30am \_\_\_\_\_ Sunday 11:00am

\_\_\_\_\_I give permission for my child’s picture to appear on the Our Lady of Guadalupe parish website, bulletin, and/or social network page

(initial) associated with the work of the PREP program.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_Relationship to Child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Emergency Contact/Consent

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Consent for Medical Care: In case of an emergency, **I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest medical facility.**

Signed (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Learning Data**

If any of the following apply to your child(ren), please list his/her name and give details in the appropriate places

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name | Medical Conditions/Allergies | Prescribed medications | Disability\* / Learning Support Services | **IEP** (Individualized Education Plan) |
|  |  |  |  | Yes\_\_\_\_ No\_\_\_\_ |
|  |  |  |  | Yes\_\_\_\_ No\_\_\_\_ |
|  |  |  |  | Yes\_\_\_\_ No\_\_\_\_ |

Is there any information you would like to communicate about your child(ren)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*As defined by *Individuals with Disabilities Education Act (IDEA)*, the term “child with a disability” means a child: “with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), 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.

**For Office Use Only – Payment Information:**

Date: \_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_ Cash/Check: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_ Cash/Check: \_\_\_\_\_\_\_\_\_