

St. Philip Neri Parish Religious Education Program Registration Form

To reserve your child's place, please submit all fees with this form: \$225 for 1 child, \$300 for 2 or more children, \$60/family bus*** DUE AUGUST 1, 2022

Only registered members of St. Philip Neri Parish may enroll children in PREP.

Please print clearly. NEW REGISTRATIONS: Please provide a copy of each child's Baptismal Certificate with this registration.

If transferring from another Religious Education Program, please provide a copy of the Permanent Record Card.

Child's Full Name First, Middle, Last	Sex M/F	Date of Birth	Name of Day School	Grade in Day School 21/22	Session: Monday, Tuesday, Homeschool, Confirmation, Kindergarten	NEW REGISTRATIONS ONLY: Baptism Date and Parish	1st Penance Date and Parish	First Holy Communion Date and Parish	Last PREP Year completed and Name of Parish

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____

Guardian/Father's Name: _____ Work or Cell Phone #: _____ Religion _____ Occupation: _____

Guardian/Mother's Name: _____ Work or Cell Phone #: _____ Religion _____ Occupation: _____

Step-Parent/Guardian Name: _____ Work or Cell Phone #: _____ Religion _____ Occupation: _____

Parental Status: Married Divorced Separated Remarried Single-Parent **Child lives with:** Both Parents Mother Father Guardian Step-Parent

CUSTODY: Are there any custody/legal issues? No Yes (If yes, please provide a complete copy of the latest court order.)

***Name of person responsible for Religious Education if not a Parent/Guardian** _____ Relationship _____

Contact Information Cell # _____ Email _____

*Parent/guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

By participating in PREP, I acknowledge that I have read the Family handbook and agree to meet the requirements and expectations of St. Philip Neri PREP.

I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

For First Penance, Holy Communion, and Confirmation Candidates ONLY, I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.

Signature: _____ Date _____ Relationship to Child(ren) _____

*** No child will be excluded because of an inability to pay. Please speak with the Pastor or DRE. All conversations are kept strictly confidential.

Please Turn →→→

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

1)Name: _____ Relationship: _____ Number _____

2)Name: _____ Relationship: _____ Number _____

LIST OF AUTHORIZED PERSONS WHO HAVE PERMISSION TO TAKE YOUR CHILD HOME IN CASE OF AN EMERGENCY CLOSING IN ADDITION TO ABOVE:

Name: _____ Relationship: _____ Number _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Philip Neri Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disabilities or Learning Support Services *	IEP	Immunizations ** <i>Are your child's vaccinations up to date?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, has he/she received an exemption from the school district?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, has he/she received an exemption from the school district?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, has he/she received an exemption from the school district?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, has he/she received an exemption from the school district?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Is there other information about your child that should be communicated?

* IDEA: As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. **Immunization: Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.

Please Turn →→→