

For Office Use

Family Name: _____
PREP Fee: _____ Bus Fee: _____
Check #: _____

St. Philip Neri Parish Religious Education Program Registration Form

Please submit all fees with this form

Please fill in all information on both sides of this registration form

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

Complete Form. Print clearly. Please provide a copy of each child's Baptismal Certificate. If transferring, please provide a copy of the Permanent Record Card.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level 19-20	Name of Day School	Baptism Date & Parish New Registrations only	1 st Penance Date	1 st Communion Date	Last PREP Year completed Name of Parish

Family Name: _____

Home Phone #: _____

Address: _____

Email: _____

Street

City

Zip Code

Father's Name: _____

Work or Cell Phone #: _____

Religion _____

Mother's Name: _____

Work or Cell Phone #: _____

Religion _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Step-Parent

Step-Parent/Guardian Name: _____

Work or Cell Phone # _____

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 _____

*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) _____

SPN PREP School Year 2019-2020
Monday Session _____ Tuesday Session _____

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

1)Name: _____ Relationship: _____ Phone Number (home) _____ (cell) _____

2)Name: _____ Relationship: _____ Phone Number (home) _____ (cell) _____

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

1)Name: _____ Relationship: _____ 2)Name: _____ Relationship: _____

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	Disability* / Learning Support Services	Individualized Education Program IEP
				<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

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

* 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.

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