

<p><b>For Office Use</b></p> <p>Family Name: _____</p> <p>School Year: _____</p> <p>Fee: _____ Check #: _____</p>
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**St. Gabriel of the Sorrowful Mother Parish**  
**P.O. Box 709 8910 Gap Newport Pike**  
**Avondale, PA 19311**

PARISH RELIGIOUS EDUCATION PROGRAM 2020-2021

**Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.**

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish	1 <sup>st</sup> Penance Date	1 <sup>st</sup> Communion Date

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 \_\_\_\_\_

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

\*Name of person responsible for Religious Education if **not** a Parent or Legal 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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number (home & cell) \_\_\_\_\_

**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. Gabriel of the Sorrowful Mother Parish.

Signed (Parent or 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 or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program	**Immunization Are your child's vaccinations up to date?
	<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 If no, has he/she received an exemption from your current school district <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 If no, has he/she received an exemption from your current school district <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 If no, has he/she received an exemption from your current school district <input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete information here or add any other information about your child that should be communicated?

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\* **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.

\*\* Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.

P.R.E.P. Registration fees for 2020-2021 on found on the attached form.

**St. Gabriel of the Sorrowful Mother Parish**  
**P.R.E.P. Tuition 2020-2021**

Due to the change to Home Schooling, the tuition has been decreased by \$50.00. Below and on the back side of this paper you will see a designation of “Participating” or “Non-Participating” family status and the fees.

**If you need to set up a payment plan** you are requested to call the office at 610-268-0296 before registration.

**Payment plans-** will be set up in 3 monthly installments due on September 4<sup>th</sup>, October 2<sup>nd</sup>, and November 6<sup>th</sup>.

**Sacrament material fees** will be collected at a later date.

**Registration fees** are not refundable after payment has been received since books and materials are purchased prior to the first class day of P.R.E.P.

**The Rationale for the “Fair Share” Initiative:**

Simple justice dictates that families who do not financially support the parish ought to do their “fair share” in subsidizing the cost of P.R.E.P. instruction for their children. The “Fair Share Commitment Policy” requires all non-participating families to pay the partial “cost per pupil” expense for their first child in P.R.E.P. as well as the non-participating family rate for the registration of all other children in the same family. We encourage all our parishioners to attend Mass regularly and contribute to the support of the parish. However, we recognize that not all will choose to do so. Even so, we require all to do their “fair share” as a minimum commitment. The minimum contribution for the 2020-2021 school year should be proportionate to the family’s means and offered as a planned and sustained gift.

A participating family is one that is registered with the parish office, participates in the life of the parish by attendance at Mass on Sundays and Holydays and practices faithful stewardship including financial support of the work of Christ in the parish through the use of Sunday envelopes supplied by the parish.

**PARTICIPATING FAMILY**

**\$185.00** for First child - Regular fee

**\$270.00** for two or more children - Regular fee

**NON-PARTICIPATING FAMILY**

**\$285.00** for First child – Regular fee

**\$370.00** for two or more children – Regular fee