

Family Name _____ (Office Use Only)

Date Submitted: _____

Fee: _____ Check # : _____

e-giving _____

Parish Religious Education Program Registration Form

St. Gabriel of the Sorrowful Mother Church

P.O. Box 709 Avondale, PA 19311

Return this to your child's PREP catechist, or to the Church Office, or drop it in the collection basket, or mail it. An additional fee will be added for the students in the Sacramental levels (TBD)

ALL FEES ARE NON-REFUNDABLE

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

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Place of Birth	PREP Level completed in 2018-2019	Session 4:30-5:50 Or HOMESCHOOLED (Circle one)	Name of Full Time School

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____

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/Guardian _____ Relationship _____

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

PREP Registration Fees for 2019-2020

1 student: \$225.00

2 or more students of same family: \$300.00

(After June 3, 2019, there will be an additional late fee of \$50.00 over the regular registration fee)

- ➔ Upon receipt, I will read the Parent Handbook and agree to the requirements and expectations of the St. Gabriel of the Sorrowful Mother Parish Religious Education Program
- ➔ I give permission for my child's(ren) picture to appear on the parish website, bulletin boards, newsletter articles in relation to events that happen in the parish.
(Please check boxes if agree, otherwise leave blank)

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/Legal Guardian): _____ Date: _____

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Does your child have a medication that must be carried and/or administered during PREP?	Individualized Education Program IEP	Disability* Learning Support Services
			<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	

MEDICAL/LEARNING DATA

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

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.

