

**St. John the Evangelist Parish Religious Education Program (P.R.E.P.) Program
Registration Form 2010-2011**

FAMILY NAME: _____

Child's Name(s): _____ Date of Birth: _____ PREP Level _____ Session: A _____ B _____
(2010-2011)

_____ Session: A _____ B _____
_____ Session: A _____ B _____

Address: _____
Street City ZIP Code

HOME phone #: _____

Father's Name: _____ (living _____ deceased _____) Work and Cell Phone # _____ Religion _____

Mother's Name AND maiden: _____ (living _____ deceased _____) Work and Cell Phone # _____ Religion _____

Marital status: Married _____ Separated _____ Divorced _____ Remarried _____ Single Parent _____

Email address (one preferred for contact information): _____

Registered member of this parish? Yes _____ No _____ (if no, to which parish do you belong? _____)

Please check applicable boxes below.

Name of Person * responsible for Religious Education if not Parent/Guardian _____ Relationship _____
*Please provide a letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)'s religious education.

Please check if there are custodial/legal issues regarding any child and provide a **complete** copy of the court order. This is necessary in the case of dismissal procedures and family contact information. If this information is not made available, the religious education program is not liable.

If we are unable to reach you in case of emergency, who should we contact?

Name: _____ Relationship: _____ Phone # (home) _____
(cell #) _____

Complete the following clearly. Please bring an original and one copy of the child's Baptismal and other sacramental certificates. Registration will not be accepted without this complete data and/or submission of copies of sacramental certificates.

Child's Name	Sex	Grade Level	Day School	Baptism Date & Parish	Reconciliation Date & Parish	Eucharist Date & Parish	Confirmation Date & Parish
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Consent for Medical Care:

I give permission that, in my absence, my children whose names appear above, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program at St. John the Evangelist Parish, Lower Makefield, PA.

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

Medical/Learning Data

If any of the following apply to your child(ren), please list his/her name and supply the details in the appropriate spaces. Be assured that all information supplied is for the benefit of all and is held in strictest confidence as defined by * *Individuals with Disabilities Education Act (IDEA)*.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability*/Learning Support Services	IEP
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Is there other information about your child that should be communicated?
