

OFFICE USE ONLY:

Tuition Due: _____
 Tuition Paid: _____
 Cash Check: _____
 M/O: _____

	Prior to 4/30	After 4/30
1 child	\$130	\$150
2 children	\$260	\$300
3 or more	\$300	\$340

**SAINT RICHARD
 PARISH RELIGIOUS EDUCATION PROGRAM
 (PREP)
 Registration Form 2018-19 school year**
****Forms submitted with incomplete or missing information
 will not be accepted****

**FAMILY
 INFO:
 WHERE
 CHILD
 RESIDES**

FAMILY LAST NAME: _____
 Father's Full Name: _____
 Mother's Full Name: _____
 Mother's Maiden Name: _____
 Mother's Religion: _____ Father's Religion: _____
 Family Address: _____
 City / State: _____ Zip: _____
 Phone Numbers Home: _____
 Father Work: _____ Mother Work: _____
 Father Cell: _____ Mother Cell: _____

A Valid Email Address Is Required – Please Print Clearly

Email: _____
This email will be used to provide you with program updates, information about upcoming program related events, student assignments for the Family Formation Sessions, and information concerning sacramental preparation.

**EMERGENCY
 CONTACT
 INFO****If we are unable to contact a parent in the event of an emergency, whom should we contact?**

Name: _____
 Relationship to Child: _____
 Phone: _____ Home / Office / Cell / Other
 Alt Phone: _____ Home / Office / Cell / Other

**ADDITIONAL
 INFO**

Are there any custody issues? Yes No
Are there any protection from abuse orders? Yes No
If you answered "YES" to either question above, you must attach a current copy of the latest court order with registration.
 Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any other social media in relation to events that occur as part of his or her enrollment in PREP? Yes No

**DISMISSAL
 INFO**

Please select the preferred method of dismissal for your child(ren) during the summer session from the choices below:

- My child(ren) will be picked up by car
- My child(ren) may walk home unescorted by an adult**
- My child(ren) will be picked up by an adult & walk home with him/her.

Please list the name of any adult who will be picking up your child(ren):
 Name: _____ Phone: _____
 Relationship to student(s): _____
 Name: _____ Phone: _____
 Relationship to student(s): _____

****Please submit a completed waiver and release form with your registration.**

STUDENT INFORMATION	Full Name: _____ First Middle Last Birth Date: _____ City of Birth: _____ State of Birth: _____ School: _____ Current Grade as of May 2018 : _____ Has the child received prior religious instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" When: _____ Where: _____
	BAPTISMAL INFORMATION EXACT Date: ____ / ____ / ____ Church: _____ Church City: _____ Church State: _____ Attach a copy of the baptismal certificate for new students if not baptized at St. Richard or Holy Spirit parishes.
LEARNING INFO	PLEASE READ AND COMPLETE THE FOLLOWING. IF NOT APPLICABLE, PLEASE WRITE "N/A" IN THE SPACE BELOW.
	PLEASE LIST ANY DISABILITIES OR LEARNING ISSUES: _____ _____ _____ _____ DOES YOUR CHILD CURRENTLY HAVE AN IEP OR 504 FOR SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" ARE THERE ANY ISSUES OR NEEDS THAT WE SHOULD BE AWARE THAT WILL HELP US TO BETTER ASSIST YOUR CHILD IN OUR PROGRAM? (IF "YES" WE WILL CONTACT YOU.) <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL INFO	PLEASE READ AND COMPLETE THE FOLLOWING. IF NOT APPLICABLE, PLEASE WRITE "N/A" IN THE SPACE BELOW.
	Please list any Medical Conditions, Allergies, and/or Medications: _____ _____ _____ _____ Does your child have a IHP, MMP, ECP? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please submit the treatment plan with this registration form. Will your child need to be administered any medication during program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child require an Epipen or other medication to be administered in the case of an emergency, such as a severe allergic reaction or seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONSENT FOR MEDICAL CARE	CONSENT FOR MEDICAL CARE:
	I give permission that, in my absence, my children whose name appears above, may receive emergency medical care for injuries and all situations that should occur while participating in the PREP Program and activities at St. Richard Parish. Signed (Parent/Legal Guardian) _____ Date _____

IF REGISTERING MORE THAN ONE CHILD, DUPLICATE & COMPLETE THIS SIDE OF THE FORM FOR EACH ADDITIONAL CHILD.