

St. Mary of the Lakes Catholic Church and School
Parish Religious Education Program
609-654-2546 ext. 310
fax: 609-953-8630

196 Route 70
Medford, NJ 08055
smlprep@smlparish.org

PREP REGISTRATION FORM 2019-2020

Family: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Email: _____

Cell Phone: _____

SCHEDULE OF CLASSES

GRADES	DAY	TIME
1-6	TUE OR WED	4:15 – 5:30 PM
7-8	TUE	7:00 – 8:30 PM

REGISTRATION FEE

LATE REGISTRATION FEE AFTER 7/30/19

1 CHILD	\$140.00	\$165.00
2 CHILDREN	\$195.00	\$220.00
3+ CHILDREN	\$210.00	\$235.00

SACRAMENTAL OFFERING

FOR EACH 2ND GRADE STUDENT – ADD \$40.00

FOR EACH 8TH GRADE STUDENT – ADD \$75.00

RELEASE:

I **DO** consent to my child(ren) being photographed or filmed for purposes of promoting PREP activities.

Parent/Legal Guardian Signature: _____

I **DO NOT** consent to my child(ren) being photographed or filmed for purposes of promoting PREP activities.

Parent/Legal Guardian Signature: _____

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM

FOR OFFICE USE ONLY

Date Registered _____ Amount Paid \$ _____ Check # _____ Cash _____

Student Name: _____

Day Request: _____

Birthdate: _____ Gender: _____ Grade: _____

School Attending: _____

Baptism: _____

Penance: _____

Eucharist: _____

Special Needs: medical, learning, physical:

Emergency Contact (other than parent) Name: _____ Phone Number: _____

Student Name: _____

Day Request: _____

Birthdate: _____ Gender: _____ Grade: _____

School Attending: _____

Baptism: _____

Penance: _____

Eucharist: _____

Special Needs: medical, learning, physical:

Emergency Contact (other than parent) Name: _____ Phone Number: _____

Student Name: _____

Day Request: _____

Birthdate: _____ Gender: _____ Grade: _____

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Baptism: _____

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Emergency Contact (other than parent) Name: _____ Phone Number: _____