

**Parish Religious Education Program Registration (P.R.E.P.) Form
Saint Thomas Aquinas R. C. Church 2018-2019**

For Office Use
 Family Name: _____
 School Year: 2018 - 2019
 Fee: \$ _____ Cash Check #: _____

Registration Fee Is Due At Time Of Registration
1 Child - \$80 2 or 3 Children - \$75 Per Child 4 Or More Children - \$70 Per Child
 Late Registration Fee Of \$20 Per Student Will Be Added To Your Registration Fee After **September 1, 2018**

For first time registrations, please bring an original of each child's Baptismal Certificate if not baptized at St. Thomas Aquinas or St. Elizabeth Ann Seton.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth & City of Birth	Age	PREP Level <u>Last Year &</u> Parish	School Grade as of September, 2018	Baptism Parish & Date	1 st Penance Parish & Date	1 st Communion Parish & Date	Confirmation Parish & Date

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____
Street City State Zip Code

Father's Name: _____ Work or Cell Phone #: _____ Religion _____

Mother's Name: _____ Work or Cell Phone #: _____ Religion _____

Single Parent Married Separated Divorced Widowed Remarried

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 DRE which is to be kept on file and updated annually. Please see the DRE for this form.

Please check the box below if you are in agreement with the statement that follows:

- I have (will) read the Parent Handbook and agree to the requirements and expectations of the Saint Thomas Aquinas Parish Religious Education Program.
- 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.
- For First Penance, Holy Communion and Confirmation candidates only: I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note, that the parish bulletin is also posted on the parish website.
- I do give I do NOT give my consent for my child to receive the annual Safe Touch/Safe Environment class.

Signature for the above FOUR statements: _____

(Signature)

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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 child(ren) whose name(s) 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 and activities at Saint Thomas Aquinas Parish.

Signed (Parent/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/Allergies	Prescribed Medications	Disability*

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.

Registration Signature _____ **Date** _____ **Relationship to Child(ren)** _____