Saints Peter and Paul Parish Religious Education Program Registration Form 2023/2024

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For your convenience	e, we currently offer two PREP sessions on Rank your preference below by placing a 1	a weekly basis during the school year.				
Number of Children	Amount	Payment Method (check one)				
One Child	\$200	□ Parish Giving (online)				
Two Children	\$320	□ Check				
Three Children	\$430	□ Cash				
Please make checks payable to: Saints Peter and Paul Parish. Forms can be dropped off or mailed to: Saints Peter and Paul Parish I Attn: Michele D'Alessandro I 1325 E. Boot Road I West Chester, PA 19380 Parent Involvement We strongly encourage and need parent participation in the classroom. Our hope is that PREP is faith formation for the whole family. Please list which ways you can contribute to our PREP studies. □ Lead Teacher □ Teacher Assistant □ Co-Teacher □ Hall Monitor □ Activities Name(s)						
Sacraments Our PREP classes provide students in grades 1-7 with instruction in our Catholic faith while also assisting them in building a personal relationship with the Lord. Typically, the Sacraments of Reconciliation and Holy Communion are received in 2nd grade and Confirmation in 7th grade. In order to achieve this, a continuous religious education program is required. Children must attend 1st through 7th grade and have at least two years of religious education before a Sacrament can be received. Youth Groups: Middle School & High School The Youth Groups welcome new members and their friends! We meet monthly (during the school year), for a combination of social, spiritual, and service activities. Fee: Free! If interested, please check the box Handbook By registering your child, you agree to abide by the PREP handbook which will be given to each family electronically at PREP. PREP abides by the teachings of the Catholic Church. Photo and Video Release Please be aware that your child may be photographed or video recorded throughout the year for various uses on our parish website, social media platforms, Masses, and in our print media and publications. By signing below, you grant us permission to take and use these photographs and videos. Signature:						
For Office Use Only						
Date:	Amount Received: Payr	ment Method: □Parish Giving □Check □Cash				

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		Child Inf	ormation			
Last Name	First Name	Middle	Name	Sex	Date of Birth	
				□ Male □ Female		
Home A	ddress		City, State, a	state, and Zip Code Home Phone		
Place of Birth: City, State, and Zip Code			☐ Check here if child did not attend PREP or Catholic School last school year. If attended a Catholic School or PREP at another parish, please provide documentation of such.			
		Family In	formation			
Birth Moth	ner/Guardian's Name		Birth Father/Guardian's Name			
Maiden Name:						
☐ Check if Mother is dece			☐ Check if Father is deceased			
Does she have permission to pick up? * □ Yes □ No			Does he have permission to pick up? * ☐ Yes ☐ No			
M	other's Email		Father's Email			
	Religion		Religion			
Daytime Phone	Cell Pho	ne	Dayt	ime Phone	Cell Phone	
		her Family				
□ Married □ Separ	□ Married □ Separated □ Divorced /□ Annulled □ Single Parent □ Widow/Widower					
Custody: Are there any custody / legal issues: ☐ Yes ☐ No (If yes, please provide a copy of the latest court order)						
*Name of person legally responsible for Religious Education if not a Parent or Legal Guardian						
*Parent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.						
NAME: Relationship:						
Emergency Contact Information (In the event the Parents/Guardians are unavailable)						
Last Name	First Name		Phone		Relationship	
Others Who Have Permission to Pick Up and Drop Off*						
Last Name	First Name		Phone		Relationship	
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Sacraments, School, and Other Information						
Sacrament	Date Received	Parish where Sacrament was received. If S	·			
Baptism		check the box, otherwise list the Church na	ame and provide certificate.			
Reconciliation						
Eucharist						
Confirmation						
Ethnicity / Race						
Ethnicity: Hispanic / Latino Non-Hispanic / Latino						
Race: (Please only choose one) American Indian / Native American Native Hawaiian / Pacific Islander						
	□ Asian □ White □ Black / African American □ Two or more races					
☐ Other ☐ Prefer not to answer School Information						
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School		Grade	Age			
Medical /Learning Information						
If any of the following apply to your child, please list his/her name and give details in the appropriate spaces. Medical Conditions or Allergies (please describe below yes) $\ \square$ Yes $\ \square$ No						
Prescribed Medications: □ Yes □ No Learning Support Services or *Disability (see IDEA definitions below): □ Yes □ No IEP Individual Education Program: □ Yes □ No Immunizations: Are your child's vaccinations up to date? □ Yes □ No						
Please complete information here or add any other information about your child that should be communicated						
We welcome parish children with special needs, intellectual disabilities, or other learning accommodations, and ask that parents or aides assist in the classroom in order to set the child up for success.						
Parent/Guardian Sig	nature:		Date:			