

**Sacred Heart, St Charles Borromeo,
and St. Andrew the Apostle**

**PREP Classes take place on Monday evenings,
from 6:30-7:50pm. A schedule will be distributed in Sept.**

For Office Use:

Child's Last Name _____

School Year: 2024-2025

Fee: _____ Check #: _____

PARISH RELIGIOUS EDUCATION PROGRAMFAMILY'S PARISH OF REGISTRATION: ☐ Sacred Heart ☐ St. Charles ☐ St. Andrew

STREET ADDRESS: _____

CITY/ZIP CODE: _____ HOME PHONE: _____

FATHER'S NAME: _____

CELL #: _____

RELIGION: _____

EMAIL: _____

☐ All emails☐ Emergency only

MOTHER'S NAME: Ms/Mrs/Miss _____

CELL #: _____

RELIGION: _____

EMAIL: _____

☐ All emails☐ Emergency only

WHICH PHONE NUMBER IS BEST TO REACH YOU? _____

Other email address or phone number to add to our contact list? _____

Custody: Are there any custody/legal issues? ☐ Yes ☐ No

(If yes, please provide a complete copy of the latest court order.)

Name of person legally responsible for Religious Education if not a Parent or Legal GuardianParent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.

Name: _____ Relationship: _____

☐ I have read the Family Handbook and agree to the requirements and expectations of the Parish Religious Ed Program.☐ I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish website, and live-streamed and/or recorded liturgies and events associated with the Parish Religious Education Program.

Signature: _____ Date: _____

Relationship to Child(ren): _____

Emergency Contact Information: If we are unable to reach the parents listed above, whom should we contact?

Name (not a parent): _____ Relationship: _____

Phone Number (Home): _____ (Cell): _____

Consent For Medical Care:

I give permission that, in my absence, my children whose names appear on 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 the Parish.

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

Child(ren)'s Name(s): _____

***Please also complete an Individual Child Page for each child being registered.*

Revised 5/3/2023

INDIVIDUAL CHILD PAGE

For Office Use:

Child's Last Name _____

Please complete an Individual Child Page for each child being registered.

For first time registrations, please bring the child's original Baptismal Certificate.

Child's Full Name (First, Middle, & Last): _____

Date of Birth: _____ Sex: ____ Male ____ Female

Grade Level: _____ Name of Day School: _____

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Race: ☐ American Indian/Native Alaskan ☐ Native Hawaiian/Pacific Islander
(Please choose only one) ☐ Asian ☐ White
☐ Black/African American ☐ Two or more races
☐ Other ☐ Prefer not to answer

SACRAMENTAL INFORMATION

Baptism Date: _____ Baptism Parish/Town: _____

First Penance Date: _____ First Communion Date: _____

MEDICAL & LEARNING DATA *(Please give any further information on the lines provided)*

Medical Conditions or Allergies (including food allergies) ☐ Yes ☐ No

Prescribed Medications ☐ Yes ☐ No

Learning Support Services or *Disability *(see IDEA definition below)* ☐ Yes ☐ No

IEP *Individualized Education Program* / 504 Plan ☐ Yes ☐ No

****Immunization** Are your child's vaccinations up to date? ☐ Yes ☐ No

This question does not refer to COVID; rather, child & adolescent immunizations

If no, has he/she received an exemption from your current school district? ☐ Yes ☐ No

Please add any other information about your child that should be communicated.

* IDEA: As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

****Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*