**For Office Use**

Family Name­­­­­­­­­­­­­­­­­­­­:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee: \_\_\_\_\_\_\_\_\_\_\_\_Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete Form. Print clearly. For first time registrations, please provide a copy of each child’s Baptismal Certificate. The Registration Fee for 2020-2021 is listed on the bottom of the back page. Please pay by check** (St. David Parish) **or cash at the time of registration.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Full Name**  **(First, Middle, & Last)** | Sex  M/F | Date  of  Birth | PREP  Level  2020-21 | **For each child, please write:**  **Tuesday Class =TC-4:30 to 6:00**  **Tuesday Class =TC-6:45 to 8:05**  **Homeschool-Not lev. 2, 7 or 8** | Baptism  Date and  Parish | First Penance  Date | First Communion  Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip Code

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custody: Are there any custody/legal issues?** ❑ yes ❑ no (If yes, please provide a complete copy of the latest court order.)

❑ I promise to read the Parent Handbook and agree to the requirements and expectations of the St. David Parish Religious Education Program.

❑I give permission for my child's picture to appear, **without his/her name**, to be posted on the St. David Parish Website, bulletin boards, newspaper articles and all forms of social media in relation to events that happen in the parish.

**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 children whose names 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 programs and activities at St. David 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 | Does your child have a medication that must be carried and/or given to him/her during PREP? | Disability / Learning Support Services | Individualized Education Program  **IEP** |
|  |  | ❑ YES  ❑ NO |  | ❑ YES  ❑ NO |
|  |  | ❑ YES  ❑ NO |  | ❑ YES  ❑ NO |
|  |  | ❑ YES  ❑ NO |  | ❑ YES  ❑ NO |

**Registration Fee*:* $175.00 per child plus Sacrament Fee: Children in Level 2, Level 7 & 8 - $50.00**

\*The deadline for **PREP Registration** is **Friday, July 31, 2020**. If you are NOT able to pay the yearly fee by July 31, 2020, please call Sr. Kathleen Fitzpatrick at **215-659-4059** for confidential financial arrangements. Thank You!