

**For Office Use**

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

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

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Religious Education Program Registration Form 2020 – 2021**  
**SAINT DAVID PARISH, Willow Grove, PA**

**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	<u>For each child, please write:</u> Tues., Wed., Thurs. 4:30 to 6:00 Thurs. Eve. 6:45 to 8:05 PM Kinder. Sun. 10:50 to 12:05 PM Homeschool – All Levels	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 in a group, **without his/her name**, to be posted on the St. David Parish Website.

**Religious Education Program Registration Form 2020 – 2021**  
**SAINT DAVID PARISH, Willow Grove, PA**

**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 <b>IEP</b>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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!