

For Office Use

Family Name: _____

School Year: _____

Fee: _____ Check #: _____

Religious Education Program Registration Form 2021 – 2022
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 2021-22	For each child, please write: Tuesday Class =TC-4:30 to 6:00 Thursday Class =THC- 4:30 to 6:00 or 6:45 to 8:00	Baptism Date and Parish	First Penance Date	First Communion Date

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____

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.

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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 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
		<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

Please write any pertinent, confidential information regarding your child's academic or physical needs on the lines below:

Registration Fee: \$175.00 per child plus Sacrament Fee for Students in Level 2 & Level 7 - \$50.00

*The deadline for **PREP Registration** is **Friday, July 16, 2021**. If you are NOT able to pay the yearly fee by July 16, 2021, please call Sr. Kathleen Fitzpatrick at **484-506-1687** for confidential financial arrangements. Thank You!