

For Office Use:

Family Name _____

School Year: _____

Fee: _____ Check #: _____

**St. David Parish
Willow Grove, PA**

2025-2026 PARISH RELIGIOUS EDUCATION PROGRAM (PREP)

FAMILY NAME: _____

ADDRESS: _____

CITY/ZIP CODE: _____

E-MAIL: _____

HOME PHONE: _____

FATHER'S NAME: _____

WORK OR CELL #: _____

RELIGION: _____

MOTHER'S NAME: _____

WORK OR CELL #: _____

RELIGION: _____

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 Guardian**

*Parent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.

Relationship: _____

☐ I have read the Family Handbook and agree to the requirements and expectations of the Religious Education Program.

St. David

☐ 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 and/ archdiocesan 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 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 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 or Legal Guardian): _____

Date: _____

Page 2 must be completed for each child separately.

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Family Name: _____

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

Date of Birth: _____

Sex: ☐ Male ☐ Female

PREP Level: _____

Name of Day School: _____

Baptism Date: _____ Parish/Town: _____

First Penance Date: _____

First Communion Date: _____

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino

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

Medical/Learning Data

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 if yes) ☐ Yes ☐ No

Prescribed Medications ☐ Yes ☐ No

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

IEP Individualized Education Program ☐ 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 complete information here or add any other information about your child that should be communicated?

Please check Time Frame or Homeschool for your child/ren.

Kindergarten to Level 6: _____ Tuesday 4:30 to 6:00 PM ONLY

Level 7 (Confirmation): _____ Tuesday 4:30 to 6:00 PM OR _____ Thursday 6:45 to 8:00 PM

Home School: _____ Level _____

(Since Levels 2 and 7 involve direct preparation for the Sacraments, students MUST attend class)

Tuition - \$200.00 per Child and an additional Sacrament Fee of \$60.00 for Levels 2 & 7.

****The deadline for PREP Registration is July 25, 2025. If you are not able to pay the yearly fee by July 25, 2025, please call Sr. Kathleen Fitzpatrick at 484-506-1687 for confidential financial arrangements.**