

2023-2024

Our Lady of Guadalupe Parish Religious Education Program
5194 Cold Spring Creamery Road
Tel: 267-247-5374 Fax: 267-247-5402

For Office Use Only:
Class Name: _____
Class Day: _____
Room #: _____

PREP Registration Form

Family Information

Family Last Name: _____ E-mail (required): _____ Preferred Phone #: _____
Father's Name: _____ Mother's Name: _____ Parental Marital Status: _____
Address: _____
Number & Street City State Zip
Father Cell Phone #: _____ Mother Cell Phone #: _____

Student Information

Child's Full Name	Gender	DOB	Grade Level	Name of School	Baptism Date & Parish Name**	Date of 1st Reconciliation	Date of 1st Communion	Sacrament Year – Y/N

****For new students and students entering 2nd grade, please attach or send in a copy of each child's baptismal certificate**

Session of choice: Monday _____ Tuesday _____ Family Catechesis (Homeschool) _____

_____ I give permission for my child's picture to appear on the Our Lady of Guadalupe parish website, bulletin, and/or social network page
 (initial) associated with the work of the PREP program.

Parent/Guardian Signature _____ Date _____ Relationship to Child(ren) _____

Emergency Contact/Consent

Emergency Contact: Name _____ Relationship to Child(ren) _____

Phone(s): _____

Parental Consent for Medical Care: In case of an emergency, **I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest medical facility.**

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

Medical/Learning Data

If any of the following apply to your child(ren), please list his/her name and give details in the appropriate places

Child's Name	Medical Conditions/Allergies	Prescribed medications	Disability* / Learning Support Services	IEP (Individualized Education Plan)
				Yes___ No___
				Yes___ No___
				Yes___ No___

Is there any information you would like to communicate about your child(ren)?

*As defined by *Individuals with Disabilities Education Act (IDEA)*, the term “child with a disability” means a child: “with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

For Office Use Only – Payment Information:

Date: _____ Amount: _____ Cash/Check: _____ Date: _____ Amount: _____ Cash/Check: _____