

**2024-2025**  
**Our Lady of Guadalupe Parish Religious Education Program**  
**5194 Cold Spring Creamery Road**  
**Tel: 267-247-5374 Fax: 267-247-5402**

<b>For Office Use Only:</b>
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 2<sup>nd</sup> 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	<b>IEP</b> (Individualized Education Plan) Yes___ No___
				Yes___ No___
				Yes___ No___
				Yes___ No___

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

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**For Office Use Only – Payment Information:**  
 Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check: \_\_\_\_\_

\*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.