

**For Office Use**  
 Family Name: \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Parish Religious Education Program Registration Form 2017/2018  
 Presentation B.V.M. Parish**

**Complete Form. Print clearly. For first time registrations, please send one copy of each child's Baptismal Certificate.**

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name and phone number of Day School	Baptism Date & Parish	1 <sup>st</sup> Penance Date/Parish	1 <sup>st</sup> Communion Date/Parish

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Parents' 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.)

\*Name of person responsible for Religious Education if not a Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

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

- I have read the Parent Handbook and agree to the requirements and expectations of the Presentation B.V.M. PREP.
- I give permission for my child's picture to appear on Presentation's website, bulletin boards, newspaper articles in relation to events that happen in the parish.
- For First Penance, Holy Communion and Confirmation candidates: I give permission for my child's name to be printed in Sacramental booklet and parish bulletin.  
 Please note that the parish bulletin is also posted on parish website.

**DIRECTORY:** (Do you want your name, address, phone, child's name and grade included in the Family Directory?) Circle: YES NO

**VOLUNTEER** (Please Check) CATECHIST \_\_\_\_\_, CLASSROOM AIDE \_\_\_\_\_  
 3:30 PM SCHOOLYARD AIDE \_\_\_\_\_, 5:00 PM SCHOOLYARD AIDE \_\_\_\_\_, SUBSTITUTE CATECHIST \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Family Name:

**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 Presentation B.V.M. 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	Prescribed Medications	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

Is there other information about your child that should be communicated?

\* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious 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.

**If anyone other than a parent /guardian or Emergency Contact has permission to pick up your child from PREP, we need their information and parent consent in writing. Also, if your child is permitted to walk home or to Mass, we need you to fill out the Walker Release form which can be downloaded from our website [www.presbvm.org](http://www.presbvm.org)**

**Registration Fee is \$100. per child. Please register by August 18, 2017 . After September 1, 2017 a late fee of \$50.00 per child will be added to your registration.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_