

For Office Use
 Family Name: _____
 School Year: _____
 Fee: _____ Check #: _____

**Parish Religious Education Program Registration Form 2019/2020
 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 st Penance Date/Parish	1 st 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 IEP
				q YES
				q NO
				q YES
				q 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 (every year). Also, if your child is permitted to walk home after class, we need you to fill out the Walker Release form which can be downloaded from our website www.presbvm.org

Registration Fee is \$100. per child. Please register by August 16, 2019 . After September 1, 2019 a late fee of \$50.00 per child will be added to your registration.

Signature _____ Date _____ Relationship to Child (ren) _____