

For Office Use

Family Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

ST. IGNATIUS OF ANTIOCH  
PARISH RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM – 2020 - 2021

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

Child's Full Name (First & Last) <u>No Nicknames please</u>	M or F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish	First Penance Date	First Communion Date

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City Zip Code

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name and (Maiden name): \_\_\_\_\_ 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 or Legal 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 St. Ignatius of Antioch Parish Religious Education Program
- I give permission for my child's picture to appear on the parish website, bulletin boards, newspaper articles in relation to events that happen in the parish.

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 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 and activities at St. Ignatius of Antioch Parish.

Signed (Parent or 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 or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program	**Immunization Are your child's vaccinations up to date?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete information here or add any other information about your child that should be communicated to us; for example, will child bring medication to PREP?

**\* IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

**\*\*Immunization:** Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.

Choice of PREP Session: (please circle)

SUNDAY: 10:35 a.m. to 11:50 a.m.

MONDAY: 6:30 p.m. to 7:45 p.m.

WEDNESDAY: 6:30 p.m. to 7:45 p.m.

**FAMILY CATECHESIS PROGRAM:**

(This involves homeschooling and 5 or 6 Sundays in PREP classes)

NOTE: It is presumed that Families who participate in this program attend Mass weekly.

PREP TUITION: (Please make check payable to St. Ignatius PREP)

DISCOUNTED PERIOD (UNTIL JUNE 30, 2020)

REGULAR PERIOD (AFTER JUNE 30, 2020)

Grades K to 6

Grades K to 6

\$230 – One Child

\$250 – One Child

\$450 – Two Children

\$490 – Two Children

\$640 – Three or More Children

\$700 – Three or More Children

\$100 per student – Grade 7

\$100 per student – Grade 7

\$50 per student – Grade 8

\$50 per student – Grade 8

(Each PREP Family is expected to give a minimum of \$100 as a Church Contribution for the year).