

**MARY, MOTHER OF THE REDEEMER – PARISH RELIGIOUS EDUCATION PROGRAM
PREP**

NEW FAMILY REGISTRATION 2018-2019

Family Name: _____

Session: ___ Tuesday 4:40-6:00 ___ Wednesday 4:40-6:00 ___ Wednesday 6:30-7:50

| | |
|-------------------------------|-------------------------------|
| <u>Tuition</u> | <u>Non Parishioners Rate</u> |
| 1 child \$205 | \$330 |
| 2 children \$350 | \$470 |
| 3 children \$455 | \$560 |
| (each additional child \$100) | (each additional child \$100) |

Sacramental Material fees
2nd Gr. Penance/FHC \$70.00
(please add this fee to tuition)

Complete form. Print clearly. **Out of parish families please provide a copy of each child's Baptismal Certificate.** Session selection will be honored based on availability.

| Child's Full Name (First, Middle, Last) | Sex M/F | Date of Birth | Grade Level | School | Baptism Date/Place | 1 st Penance date/place | 1 st Communion date/place |
|--|------------|------------------|----------------|--------|--------------------|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Father's Name: _____ Cell Phone # _____ Roman Catholic: ___ yes ___ no

Mother's Name: _____ Cell Phone # _____ Roman Catholic: ___ yes ___ no

Child lives with: ___ both parents ___ mother ___ father ___ grandparent ___ guardian

Is there a custody agreement concerning your child? ___ No ___ Yes (If yes, please provide a complete copy of the latest court order)

Step Parent name: _____

Family Address: _____
Street
city
zip

Home Phone: _____ E-mail: _____

Are you registered parishioners at Mary, Mother of the Redeemer Church? ___ Yes ___ No

If No, name of Parish _____ Please contact office for Out of Parish tuition rates. 215-412-2251

Signature _____ Date _____ Relationship to Child(ren) _____

Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone # _____

Cell # _____

Consent for Medical Care:

I give permission that, in my absence, my children whose name appear on 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 Mary, Mother of the Redeemer Parish.

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

Medical/Learning Data: If any of the following apply to your children, please list their name and complete the information.

| Child's Name | Medical Conditions/Allergies | Prescribed Medications | Disability/Learning support Services | Individualized Education Program IEP |
|--------------|------------------------------|------------------------|--------------------------------------|---|
| | | | | <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 agree to read the PREP Handbook prior to the start of PREP in September, and agree to the requirements and expectations in the handbook. (<http://mmredeemer.org/prep-1>)
- I give permission for my child's picture to be taken during liturgies, special events and to appear on the MMR website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

Signature (Parent/Legal Guardian) _____ Date: _____

Volunteer: ___ Catechist (full tuition credit) ___ Aide (\$100 tuition credit)

Date Received: _____ Total: _____ Amt. Paid _____
 Cash _____ Check # _____ Balance due _____