

ACTIVITY FEE	
1 Child	\$75
2 Children	\$140
3 Children or More	\$200

**Sacred Heart of Jesus Parish
Religious Education Program (PREP)
Registration 2018-2019**

CHOOSE 1 CLASS:
 _____ Sunday 9:30 am to 11:00 am
 _____ Wednesday 4:00 pm to 5:30 pm

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

Child's Name (First, Middle, Last)	Sex (M/F)	Date of Birth	Grade Level	Name of School	Date of Baptism Name of Parish	Date of Penance	Date of 1 st Comm.

Family Name _____ Home Phone # _____

Address _____ Email: _____

Father's Name _____ Cell # _____

Mother's Name (Maiden Name) _____ Cell # _____

Custody: Are there any custody/legal issues? ____yes ____no (If yes, please provide copy of the latest court order.)

Name of person responsible for Religious Education if not Parent/Guardian _____ Relationship _____

_____ I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish. Signature _____ Date _____

Emergency Contact Information:

If we are unable to reach you, whom should we contact?

Name: _____ Relationship _____ Phone # _____

Consent for Medical Care: I give permission that in my absence my children, whose names appear on page 1, may receive emergency medical care for injuries in all situations that should occur while participating in the PREP Program and activities at Sacred Heart of Jesus Parish: Signature: _____ 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	

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