



Religious Education Program

Family Catechesis 2025-2026

Thank you for registering your family in the St. Patrick Religious Education Family Catechesis Program for Levels 3-4-5-6

An Alternative Faith Formation Program for Families who wish to make Religious Education a priority and present the Gospel of Jesus Christ as a model for their children. In conjunction with the Archdiocesan Guidelines, we will assist you in teaching the basic truths and traditions of the church.

Family Catechesis registration for the 2025-2026 PREP year Is a paper form only

Please note that class placement is given in order that the registrations are received, based on availability. Families will not be placed in a class until all information is completed, family contract signed and tuition is received in full. Please review the Family Catechesis Handbook which is located on the parish website under YOUTH tab-PREP.

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	School Grade	Name of Day School	PREP Level
Family Name: Address:				_ Email:	
Street			City		Zip Code
Father's Name:		Cell Phone #: _		Religion	
Mother's Name:		Cell Phone #: _		Religion	
CUSTODY: Are there any custody/legal issues? *Parent/guardian must provide a signed, dated let	□ yes □ n ter of permi	o (If yes, please pr ission to the DR	rovide a com E which is t	plete copy of the latest court order.) o be kept on file and updated annually.	
*Name of person responsible for Religious Educa	tion if <u>not</u> a	Parent or Legal	Guardian_		
Relationship		_			

Yes	No	I have read the Family Catechesis Hand	lbook and agree to the require	ements and expectations of the St. Patrick Religious Education Program
		I give permission for my child's picture ts that happen in the parish.	re to appear on the parish we	bsite, Archdiocesan website, Flocknotes, bulletin boards, newspaper
Yes	No	I give permission for my child's pictu	are to appear on social media	(Face Book & Instagram)
		Please note Ho	ly Communion and Confirm	mation are live-streamed events
Signatur	ce		Date	Relationship to Child(ren)
Emergen	NCY CONTACT	INFORMATION: If we are unabl	e to reach you, whom should	we contact?
Name:			Relationship:	
Phone Nu	1mber (work#	<u>+</u>)	(cell#)	

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names 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 programs and activities at St. Patrick Parish. Please indicate any other information about your child that would need to be communicated in an emergency.

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.

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	Medical Conditions	Prescribed	Learning Support Services	IEP	**Immunization
Child's Name	or Allergies (please	Medications	or *Disability	Individualized Education Program	Are your child's vaccinations
	describe below if yes)		(IDEA definitions below)		up to date?
	□ YES	□ YES	□ YES	□ YES	□ YES □ NO
	□ NO	□ NO	□ NO	□ NO	If no, has he/ she received an exemption from your current school district YES INO
	□ YES	□ YES	□ YES	□ YES	
	□ NO	□ NO	□ NO	□ NO	 YES □ NO If no, has he/ she received an exemption from your current school district YES □ NO
	□ YES	□ YES	□ YES	□ YES	
	□ NO	□ NO	□ NO	□ NO	 ❑ YES □ NO If no, has he/ she received an exemption from your current school district ❑ YES □ NO

Please complete information here or add any other information about your child that should be communicated?

***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: Are your child's vaccinations up to date. This question does not refer to Covid; rather, child & adolescent immunizations Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.

"We are all created in the image and likeness of God and every baptized person has the right to receive catechesis, regardless of their abilities. (The Catechism of the Catholic Church reminds us that the goal of catechesis is to foster communion with Jesus Christ (CCC 426), and the General Directory of Catechesis further emphasizes that effective catechesis must meet the diverse circumstances of each individual, including their intellectual, psychological, and developmental needs (GDC, 170).) In our Parish Religious Education Program (PREP), we are dedicated to providing a welcoming inclusive environment for children of all abilities, including those with developmental, intellectual, sensory, physical, or behavioral disabilities. We are willing to working with families to understand each child's specific needs and providing reasonable accommodations that best support the child in an inclusive environment to the best of our ability. By being attentive to the needs of children with disabilities, we aim to foster growth in their faith journey and affirm that all of us are valued members of the body of Christ." Parents are encouraged to serve as aids for their child to accommodate their child's need and help serve the catechists during class.

ADDITIONAL INFORMATION

The following must be completed for each child separately Complete form, print clearly

Those students who are enrolled for the first time must have a Baptismal Certificate on file.

Child's Name	Baptism Date & Parish	First Penance Date	First Communion Date

Ethnicity: Choose one and complete the chart below Non-Hispanic/Latino Hispanic/Latino

Race: Choose one and complete the chart below

*American Indian/Native Alaskan *Asian *White/Caucasian *Other *Black/African America *Two or more races *Native Hawaiian/Pacific Islander *Prefer not to answer

Child's Name		
Ethnicity		
Race		

Late Fee of \$30.00 will be applied to returning families registering after July 15, 2025

Individuals who volunteer to be fulltime catechists are not required to pay tuition for their children.

Individuals who volunteer as weekly classroom aides or hall monitors will receive a reduction of 50% in their child's tuition.

All volunteers must complete the required clearance information/trainings.

Registration Fee:	Before July 15, 2025	After July 15, 2025
1 child	\$250.00	\$280.00
2 children	\$300.00	\$330.00
3 children or mo	re \$325.00	\$355.00

Make checks payable to St. Patrick Church

Family Name _____

Family Fee _____

Date Registered:

____Cash ____Check

Camp Caritas Family Members Fees

The following fees have been adjusting for those having siblings attending Camp Caritas

OFFICE USE: Late Fee of \$30.00 will be applied to returning families registering after July 15, 2025

Individuals who volunteer to be fulltime catechists are not required to pay tuition for their children.

Individuals who volunteer as weekly classroom aides or hall monitors will receive a reduction of 50% in their child's tuition.

All volunteers must complete the required clearance information/trainings.

Registration Fee:	Before July 15, 2025	After July 15, 2025
2 children	\$100.00	\$130.00
3 children or more	\$125.00	\$155.00

Make checks payable to St. Patrick Church

Family Name _____

Child attending Camp Caritas

____Cash

___Check

Date Registered:	
Date Registered:	