

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



St. Patrick Parish

Religious Education Program

Thank you for registering your child in the St. Patrick Religious Education Program (PREP). PREP has been established to aid you in meeting your responsibility as your child's primary educator of the Catholic faith. Our catechists strive to present the Gospel of Jesus Christ as a model for the children of the parish. In conjunction with the Archdiocesan Guidelines, we will assist you in teaching the basic truths and traditions of the church.

PREP registration **for the 2024-2025 PREP year**

Monday, March 18, 2024-paper form can be found on the parish website for you to print out-make checks payable to **St. Patrick Church.**

March 18, 2024- On-line registration will open.

Go to the parish website-YOUTH tab-PREP

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

Those registering for kindergarten must be 5 by August 31, 2024

Those registering for Level 1 must be 6 by August 31, 2024

Sunday 10:05-11:35 a.m.

Grades- K,1,2,3,4,5,6,7

Monday 4:45-6:15 p.m.

Grades-1,2,3,4,5,6

PLEASE NOTE:

- Since we are staffed by dedicated volunteers, this schedule is subject to change. Additional classes will be added as needed and when we have volunteers to staff them.
- There is **NO registration fee** for children whose parents are weekly catechists. Parents who volunteer weekly as either a classroom aide will receive a **50% reduction** in child's tuition. ALL volunteers must have clearances and complete all requirements to receive reduce tuition.
- Payment is required at registration. Any outstanding balances must be rendered prior to reregistration.
- Sacramental preparation material fees are requested separately.
- A late fee will be incurred after the registration deadline for **returning families**

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	Sunday 10:05 – 11:35AM	Monday 4:45 – 6:15 PM

Family Name: _____ Email: _____

Address: _____
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 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.

Yes _____ No _____ I have read the Family Handbook and agree to the requirements and expectations of the St. Patrick Religious Education Program

Yes _____ No _____ I give permission for my child's picture to appear on the parish website, Archdiocesan website, Flocknotes, bulletin boards, newspaper articles in relation to events that happen in the parish.

Yes _____ No _____ I give permission for my child's picture to appear on social media (Face Book & Instagram)

Yes _____ No _____ I give permission for my child to be live-streamed and/or recorded while receiving a sacrament (Holy Communion or Confirmation)

Family Name: _____

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 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.

Child's Name	Medical Conditions or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability <i>(see IDEA definitions below)</i>	IEP <i>Individualized Education Program</i>	**Immunization <i>Are your child's vaccinations up to date?</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 <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?

***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.

ADDITIONAL INFORMATION

The following must be completed for each child separately

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

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

Child's Name				
Ethnicity				
Race				

OFFICE USE:

Late Fee of \$25.00 will be applied to returning families registering after July 19, 2024

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 April 30, 2024	May 1, 2024
1 child	\$200.00	\$210.00
2 children	\$260.00	\$280.00
3 children or more	\$280.00	\$310.00

Family Name _____

Family Fee _____

Date Registered: _____

_____Cash

_____Check

Camp Caritas Family Fees

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

OFFICE USE: Late Fee of \$25.00 will be applied to returning families registering after July 19, 2024

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:

2 children \$80.00

3 children or more \$110.00

Family Name _____

Child attending Camp Caritas _____

Family Fee _____

Date Registered: _____

_____Cash

_____Check

