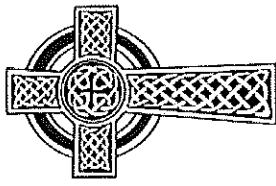


For Office Use	Family Name: _____	School Year: _____	Fee: _____ Check #: _____
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St. Patrick Parish

Thank you for registering your child in the St. Patrick Religious Education Program (PREP). PREP has been established at 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 2025-2026 PREP year

PREP registration for the 2025-2026 PREP year

April 8, 2025- On-line registration will open

Parish Giving Go to the parish website: YOUTH.talb-prep.org

Please note that class placement is given in order that the registrations are received, based on availability and volunteers to staff the class. Children will not be placed in a class until all information is completed and tuition is received--any outstanding balances must be rendered prior to re-registration. 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.
Monday 4:45-6:15 p.m.
Grades- K,1,2, and 7
Grades-1,2,3,4,5,6

PICTURE NOTE.

- Since we are staffed by dedicated volunteers, **this schedule is subject to change**. All classes offered are based on the volunteers that commit to serve you.
 - There is **NO registration fee** for children whose parents are catechists. Parents who volunteer weekly as either a classroom aide/hall monitor will receive a **50% reduction** in child's tuition. ALL volunteers must have clearances and complete all requirements to receive reduce tuition.
 - 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 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)

*****Please note***** Holy Communion and Confirmation are live-streamed events

Signature _____ Date _____ Relationship to Child(ren) _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone Number (work#) _____ (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>(IDEA definitions below)</i>	IEP		**Immunization <i>Are your child's vaccinations up to date?</i>
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
□ YES	□ YES	□ YES	□ YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i>
□ NO	□ NO	□ NO	□ NO	<input type="checkbox"/> NO	<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>
□ YES	□ YES	□ YES	□ YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i>
□ NO	□ NO	□ NO	□ NO	<input type="checkbox"/> NO	<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>
□ YES	□ YES	□ YES	□ YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i>
□ NO	□ NO	□ NO	□ NO	<input type="checkbox"/> NO	<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>

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

****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.

***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.

"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 work 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 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 help serve the catechists. We are staffed by dedicated volunteers and the assistance of a parent/guardian may be requested to help in class.

ADDITIONAL INFORMATION

The following must be completed for each child separately

Complete form and print clearly

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

Ethnicity: Choose one and complete the chart below

Hispanic/Latino

Race: Choose one and complete the chart below

*American Indian/Native Alaskan *Asian
*White/Caucasian *Other
*Black/African American
*Two or more races

INTERVIEW WITH ALEX WATSON

Child's Name	
Ethnicity	
Race	

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
1 child	\$250.00	\$280.00
2 children	\$300.00	\$330.00
3 children or more	\$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 _____

Family Fee _____

Cash _____ Check _____

Date Registered: _____