2010-2011

Our Lady of Guadalupe
Parish Religious Education Program (PREP)
New Family Registration Form

Family Information: **Today's Date:_____**

Father's Name: _____ Religion_____
Last First

Mother's Name: _____ Religion_____
Last First Maiden

Address:_____
Number & Street City State Zip

Home Phone:_____ Cell Phone _____E-mail (Required): _____

Parental Status: □ Married □ Separated □ Divorced □ Single Parent □ Remarried □ Widow/Widower
Child Lives with: □ Both Parents □ Mother □ Father □ Guardian □ Step-Parent

Emergency Contact: Name_____Relationship_____Phone_____

Parental Consent for Medical Care: In case of an emergency, **I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest medical facility.**

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

PREP Classes are held at Cold Spring Elementary School from 6:15 p.m. – 7:30 p.m.
Please indicate class night choice: ____TUESDAY ____THURSDAY

#1 Student Information

Male___ Female___

Name: _____
Last First (Baptismal) Middle Nickname

School(10-11)_____ School Grade (10-11)_____ School District _____

Parish last attended for Religious Education:_____ Last Grade_____

Date of Birth: _____ Place of Birth:_____
City State

Parish of Baptism_____ **(Attach a Baptismal Certificate)**

Address:_____City/State_____Date_____

First Reconciliation Parish_____City/State_____Date_____

First Communion Parish_____ City/State _____Date_____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your child.

_____

_____

For office use:

#2 Student Information

Male___ Female___

Name: _____
Last First (Baptismal) Middle Nickname

School (10-11) _____ School Grade (10 -11) _____ School District _____

Date of Birth: _____ Place of Birth:_____
City State

Parish of Baptism_____ **(Attach a Baptismal Certificate)**

Address:_____City/State_____Date_____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your child:

_____

_____

For Office Use Only:

Tuition Information

Sacramental Fee for students receiving **First Eucharist (Grade 2) or Confirmation (Grade 6) is $75.00 each**.

Policy for the issuing of refunds: If a student withdraws from the program before the third PREP session, a full refund will be issued, less a $75 processing fee.

Payment by check or money order only (no cash) made payable to Our Lady of Guadalupe PREP.

Tuition
# of students_____ $_____

Additional Fees
1st Eucharist $_____
Confirmation $_____
Other _____ $_____

Total Enclosed $_____

For Office Use Only: PDS #_____

Date received_____ Check or Money Order #_____Amount_____

Comments_____