

Please check:

Tuition:

_____ One Child: \$125.00

_____ Family 2 or more children: \$200.00

_____ Sacramental Grades 2 & 8 ~ Please include an additional \$40 for
Sacramental Fee

Total Tuition Fee: \$ _____

Parent Signature

Date

**St. Mary of Ostrabrama
Parish Religious Education Program (PREP)
Registration Form
Monday ~ 4:30 to 5:45 PM**

CHILD(REN) LAST NAME _____ **PARENT LAST NAME** _____

Address _____ **Town** _____ **Zip** _____ **Home Phone** _____

Father/Guardian's Name _____ **Religion** _____ **Work Phone** _____

Mother/Guardian's Name _____ **Maiden** _____ **Religion** _____ **Work Phone** _____

Parents' email address _____

Father's Cell Phone _____ **Mother's Cell Phone** _____

Please note: Your home/cell phone number will be given to the volunteers who make our Emergency Closing calls.

CHECK SACRAMENTS RECEIVED

Office

Student's Name	Sex	Birth Date	Baptism	Penance	Eucharist	Confirmation	Public School	Grade Sept. 2020	PREP Grade '20

ADDITIONAL FAMILY INFORMATION (check if applicable):

Single Parent

Parent(s) deceased

Non-parental guardianship*

Custody/Visitation issued* (Anyone who **may not** visit or transport your child according to a court order.)

**A COPY OF YOUR COURT DOCUMENT MUST BE RETURNED WITH YOUR REGISTRATION.*

PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOUR CHILD(REN) HAVE SPECIFIC NEEDS:

This important information helps the Catechist better meet your child's needs.

CHILD'S NAME _____ GRADE _____

Medication/Food Allergy

ADD/ADHD

Medical Condition/Other

Special Services: IEP, Resource Room

Epipen

Basic Skills/In-Class Support

Inhaler

Physical/Emotional problems

Explanation: _____

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Explanation: _____

FOR OFFICE USE ONLY

DATE	CHECK NO.	NAME	AMOUNT PAID	BALANCE