



St. Mary of the Assumption Parish  
 212 Dayton Street, Phoenixville, PA 19460  
 610.933.2526 or SCartolaro@stmaryassumption.org

## Parish Religion Education Program (PREP) Application

### General Information

Child's Name	
Date of Birth	
Current Grade	
Current School	
Is child currently in virtual learning?	
Is child currently being homeschooled by a parent/guardian outside of the school system?	
Mother's Name	
Maiden Name	
Father's Name	
If parents are not together, who has primary custody? <i>Please attach a copy of the agreement.</i>	

### Contact Information

Primary Guardian Name	
Phone	
Address	
City/State/Zip	
Phone (Cell)	
Phone (Home)	
Email	
Emergency Contact #1	
Name	
Phone	
Relation to Child	
Emergency Contact #2	
Name	
Phone	
Relation to Child	

Church Information

Mother's Religion	
Father's Religion	
Last Level of Religious Education Completed?	
Church/School and Town last level was completed at?	
Parish you are currently registered at?	
Church of Child's Baptism*	
Baptism Date	
*IF child was not baptized at St. Mary of the Assumption, a copy of their baptismal certificate must be presented with this application	

Tuition Information

Tuition Fees		
	Early Registration	Late Registration*
1 Child	\$150	\$175
2+ Children	\$225	\$250
1 Homeschooled** Child	\$100	\$125
2+ Homeschooled Children	\$175	\$200

\*Late fees are applied after April 1st, 2021

\*\*Homeschooled refers to a parent or guardian instructing child with materials given to them from the parish

Tuition checks should be made payable to: St. Mary of the Assumption Parish

This form and tuition check **must be returned by May 1st**, in order to assure your child's materials are ordered and in on time for classes to begin.

The check memo line must specify "Prep 2021 and child(ren) name(s)"

3 Ways to Submit Forms & Fees		
ENVELOPE MUST CONTAIN THIS FORM AND CHECK WITH "PREP (CHILDS NAME)" IN ORDER TO ASSURE WE HAVE YOUR PAYMENT AND REGISTRATION!		
Mail to:	Drop Off at Rectory:	During Mass:
St Mary of the Assumption Parish ATTN: PREP 212 Dayton St. Phoenixville, PA 19460	Put form and check in envelope marked with PREP and students first and last name EX: "PREP: John Smith" in secured slot in door!	Put form and check in enveloped marked with PREP and students first and last name EX: "PREP: John Smith" and place in collection basket!

**Medical Information Sheet**

Please specify any medical concerns		
Please specify any learning concerns		
Does your child have any medical conditions that our staff should be aware of?	Yes or No	Please Specify if Yes:
Does your child have any food limitations or allergies?	Yes or No	Please Specify if Yes:
Is your child taking any medications that our staff should be made aware of?	Yes or No	Please Specify if Yes:
Are there any other health issues / concerns you want our staff to be aware of? (Ex: Medical devices, heart implant, etc.)	Yes or No	Please Specify if Yes:

Questions regarding PREP should be directed to Mrs. Selena Cartolaro, CRE at [SCartolaro@StMaryAssumption.Org](mailto:SCartolaro@StMaryAssumption.Org) – Please allow 24-48 hours for a response.

Parent Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_