

EMERGENCY CONTACT (Someone other than parents)

Name _____	Relationship _____
Home Phone _____	Cell Phone _____
Name _____	Relationship _____
Phone _____	Cell Phone _____

Special Medical / Educational Needs

ADD / ADHD	Speech or language impairment	Food allergies (list): _____ _____
Autism	Child needs individual aid in class	
Behavioral / Emotional disturbance	Developmental disabilities	
Hearing Impairment (including deafness)	Learning Disabilities	
Visual Impairment (including blindness)	Reading difficulties	
Orthopedic (unable to use stairs)	Traumatic brain injury	
Other health concerns: _____		Medications taken regularly: _____ _____
Please list any other comments or concerns regarding your child that will help him/her be successful on our program: _____ _____		

Code of Behavior

1. Students must stay and participate in the entire event. Students may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Students must heed any and all directions of PREP staff.
5. Students must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the students involved and the student's parents/legal guardians.
6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending students from the premises, and the parents/legal guardians shall immediately comply with the request.

Parent Agreement: I understand that my child being in the program for 2 years does not entitle he/she to receive a sacrament. If the pastor concludes a child is not ready, the reason for denial will be explained to both the child and the parents. Pastor and parents can then consider the best way to proceed under the circumstances.

I further understand that it is necessary that any complaint of harassment must be filed with the a) parish Director of Religious Education, b) pastor, or c) Diocesan Director of Religious Education.

I have read this form and I understand the content and purpose. Agree _____ (Initial)

Release of Personally Identifiable Information: The undersigned parent(s) of the student named on page 1 of this application hereby consent to the release of photographs and named minor to be used by PREP for future promotional programs of St. Agnes, St. Mary Magdalene and St. Aloysius Parishes and the Diocese of Columbus.

Agree _____ (Initial)

Mass Participation: I agree to take my child to weekly Mass and Holy Days of Obligations. Agree _____ (Initial)

Medical Authorization: In case of emergency, I understand the PREP staff will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release the PREP staff and volunteers from all liability of any kind which may arise from such emergency.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____