

PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM

St. Agnes, St. Aloysius, St. Mary Magdalene Parishes c/o 473 S Roys Ave, Columbus, Ohio 43204

(614) 400-0717 Jack Kunkler, Director of Religious Education

PREP Registration Fee:	1 Child - \$50.0	00 2 or I	More Children	- \$100.00	Year: 2019-20			
Student Information								
Student Name								
]	Last		First F Date of Birth		Middle			
Address								
Street Current School_	Grade/Level	Ag	City ee	Zip				
Parish Registered				····				
Is the child attending Mass regularly? (Y/N)								
Previously attended Religious Education Classes? (Y/N)								
Where								
How many years has the child been enrolled in a Religious Education Class? Years								
Child lives with: Mother	Father Both	Other			-			
Sacramental Information			T ~					
Baptism Date	P	arish	City		State			
1st Communion								
Confirmation								
Parent/Guardian Informatio	n							
Father Name								
	ast		First		Middle			
Street Work Phone		Phone	City		Zip			
Email Address								
Mother Name				()			
Last Address	F	irst	Middle	Maider	n Name			
Work Phone		Phone	City		Zip			
Email Address								
This student may only be released	d to the following person	ons:						
	,		,or					

	EMERGENCY CONTACT (Someone other the	nan parents)					
Name		Relationship					
Но	me Phone	Cell Phone					
Name Relationship							
Ph	one	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	Medications taken regularly:				
	Other health concerns:		- Wedications 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 eve	nt. Students may not leave the premises up	nless accompanied by an adult leader,				
	ent, or legal guardian.	1	,				
	The possession or use of alcohol, tobacco, drugs, o	r weapons of any kind is not permitted.					
	Foul language is not tolerated.	otoff					
	Students must heed any and all directions of PREP Students must respect the rights and property of otl		ill be the financial responsibility of the				
	dents involved and the student's parents/legal guar		in be the imaneral responsibility of the				
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.							
	rent Agreement: I understand that my child being						
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							
Ma	gdalene and St. Aloysius Parishes and the Diocese	of Columbus.					
Λα	roo						
Agree(Initial)							
М	ass Participation: I agree to take my child to week	ly Mass and Holy Days of Obligations A	graa (Initial)				
1116	iss i at the pation. I agree to take my clinic to week	ry Mass and Hory Days of Congations.	gice(initial)				
can	edical Authorization: In case of emergency, I un anot reach me, I give my permission to take my polity of any kind which may arise from such emergency.	child for emergency treatment. I release t					
Stu	dent Signature	Date					
Parent/Legal Guardian Signature Date							