

St. Mary Catholic Church

Parish Religious Education Program (PREP)

160 N. Spring Street, Bluffton, Ohio 45817 419-358-8631

PREP & God Squad Registration Form 2020 - 2021

Please PRINT clearly:

New to PREP? YES NO

Father's (Guardian's) name: _____
(last) (first) (religion)

Mother's name: _____
(last) (first) (religion)

Parents (guardian) with whom student is living: (circle one) Both Parents Mother Father Guardian

E-mail Address: _____

Mailing Address of Parents (Guardian): (complete all information)

Address _____

City/Zip _____ Home Phone _____

Are you a registered member of St. Mary parish? YES NO Cell Phone _____

Father's place of employment: _____

Occupation: _____ Work Phone _____

Mother's place of employment: _____

Occupation: _____ Work Phone _____

Alternate contact in case of illness/emergency if parents cannot be reached:

Name: _____ Phone _____ Relationship _____

Children Attending PREP K – 12:

Legal name (First and Last)	Fee	Gender (circle)	Date of Birth	Grade: (2020-21)
1. _____	_____	M F	_____	_____
2. _____	_____	M F	_____	_____
3. _____	_____	M F	_____	_____
4. _____	_____	M F	_____	_____
5. _____	_____	M F	_____	_____

Fees are as follows:

Kindergarten through Grade 12 - \$25.00

Sacramental Years:

Grade 2 and Confirmation - \$35.00

Max per family - \$110.00

Non-parishioners add \$10.00 per child

Teachers deduct \$20.00 per family

Assistants deduct \$15.00 per family

Payment: _____ Check #: _____ Date _____ Balance: \$ _____

*If your child is new to parish or was not baptized at St. Mary Parish, will you please provide a copy of his/her baptismal certificate. If necessary, please contact your former parish and request a certificate. 1 Year of PREP required before a Sacramental Year (**OVER**)

Emergency Information

Please list in order, including yourself, who should be contacted if your child(ren) experience(s) an illness/injury during PREP or SNLY classes. Please remember that the contact person should be able to pick up your child(ren) if needed.

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list facts concerning your child(ren)'s medical history including allergies, physical impairments, and any medications being taken to which a physician and church personal should be alerted:

Emergency Medical Authorization: Part I or II must be completed.

PART I : To Grant Consent

I hereby consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Bluffton Hospital 419-358-9010

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent to (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date ____/____/____ Signature of parent/guardian _____

Part II: Refusal to Give Consent

I do NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Date ____/____/____ Signature of parent/guardian _____

Media Consent Release

I give St. Mary's and individuals acting on behalf of St. Mary's permission to use photography while my child participates in PREP and or God Squad programs. I understand the photos will be used for informational and instructional purposes only and will not be used to generate profit. I have not been compensated nor will I seek compensation for the photos. I release St. Mary's from responsibility should a third party violate the terms of this release.

Date ____/____/____ Signature of parent/guardian _____

I understand that St. Mary's will do all it can to ensure a safe space, but understand that if my child were to get COVID, St. Mary's Catholic Church cannot be held responsible.

Date ____/____/____ Signature of parent /guardian _____