

Saints Philip and James Parish Religious Education Program
New Registration for 2020-2021 School Year
Levels PK-7

Child's Last Name: _____ First Name: _____

Grade in September 2020: _____ School: _____

DOB: _____

Address: _____

Home Phone Number: _____

Mother's Cell: _____ Father's Cell: _____

Primary email address: _____

Second email address (if you wish communication sent to another address): _____

Mother's First and Maiden Name: _____

Living Deceased

Mother's Religion: _____

Father's Name: _____

Living Deceased

Father's Religion: _____

Child resides with:

- both parents
 both parents part-time (shared custody)
 mother only father only guardian

Is there a custody agreement? YES NO

If there is a custody agreement, please provide the Religious Education Office with a copy. This will be confidential.

EMERGENCY CONTACT INFORMATION

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

SACRAMENT INFORMATION

Baptism: Church: _____ City and State: _____

Date of Baptism: _____

First Penance: Church: _____ City and State: _____

Date of First Penance: _____

First Eucharist: Church: _____ City and State: _____

Date of First Eucharist: _____

Confirmation: Church: _____ City and State: _____

Date of Confirmation: _____

If your child was baptized in a parish other than SSPJ, please provide a copy of the Baptismal Certificate.

Are you a registered member of SS. Philip and James Parish? Yes No

Has this child attended Religious Education Classes in the past? Yes No

If yes, where did the child attend classes? _____

What Level was completed? _____

Please request a letter from the Church or school where the child previously attended Religious Education classes verifying the attendance.

IMMUNIZATIONS

Are your child's vaccinations up to date? YES NO

If no, has he/she received an exemption from your current school district? YES NO

*Even if your child is exempt from immunizations, he/she may be excluded from PREP during an outbreak of the vaccine preventable disease.

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my child, whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program at SS. Philip and James Parish.

Parent/Guardian Signature: _____

Please describe any medical conditions or allergies:

Does the child have a disability? **

**As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child: "with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services."

PREP FAMILY HANDBOOK

I have downloaded and read the PREP Family Handbook and agree to the requirements and expectations of the SS Philip & James Parish Religious Education program.

Parent/Guardian Signature: _____

PHOTO PERMISSION

I give permission for my child's picture to be displayed:

In the Church Bulletin (Bulletin is available online and in print form.) Yes No

On the PREP Facebook Page or Parish Website Yes No

In the Narthex of the Church Yes No

Parent/Guardian Signature: _____

Child's Name: _____

PREP CLASS TIME/DAY PREFERENCE

Please check the time you prefer your child to attend class.

Level: Pre K-4

Sunday, 10:30 AM – 11:30 AM

Level: Kindergarten

Sunday, 10:30 AM – 11:30 AM

Level: Grades 1-6

Family-Based Catechesis Tuesday, 6:30 PM – 7:45 PM Wednesday, 6:30 PM – 7:45 PM

Level: Grade 7

Wednesday, 6:30 PM – 7:45 PM

SS. PHILIP AND JAMES PREP 2020-2021 PROGRAM FEE FORM

\$140.00 One child

\$220.00 Two children

\$250.00 Three or more children

Family Name: _____

Child(ren's) Name

PREP Level

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Amount Enclosed: _____

Please make checks payable to SS. Philip and James Parish.

Please complete pages 1-4 for each child and the Family Program Fee Form. Return the completed forms and payment to:

SS. Philip & James Religious Education Office
Attention: Sr. Marie Garman, IHM
721 E. Lincoln Highway
Exton, PA 19341

Alternatively, the forms and payment may be dropped at SS. Philip & James Rectory or Parish School.