

**For Office Use**

Family Name: \_\_\_\_\_

School Year: \_\_\_\_\_

**Sacred Heart Church  
Royersford, PA**

**PARISH RELIGIOUS EDUCATION PROGRAM  
P.R.E.P**

*Complete Form. Print clearly. For first time registrations, please submit one copy of each child's Baptismal Certificate.*

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish	1 <sup>st</sup> Penance Date	1 <sup>st</sup> Communion Date

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City Zip Code

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

**CUSTODY: Are there any custody/legal issues?**  yes  no (If yes, please provide a complete copy of the latest court order.)

\*Name of person responsible for Religious Education if **not** a Parent or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\*Parent/guardian must provide a signed, dated letter of permission to the Director of Religious Education which is to be kept on file and updated annually.

- I have read the Parent Handbook and agree to the requirements and expectations of the Sacred Heart Parish Religious Education Program
- I understand that weekly mass attendance is necessary and expected for my child(ren)'s religious education and reception of the sacraments.
- Photo/Video/Social Media Release- I give permission for my child's picture to appear on the Sacred Heart website, social media, bulletins, and newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Family Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number (home) \_\_\_\_\_  
 (cell) \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Sacred Heart Parish.

Signed (Parent or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces. Additional information may be attached.

Child's Name	Medical Conditions or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program (If yes, please attach)	**Immunization Are your child's vaccinations up to date?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete information here or add any other information about your child that should be communicated.

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

**\*\*Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from P.R.E.P during an outbreak of the vaccine preventable disease.*