

**Office use only:** Session/Class \_\_\_\_\_

Fee: \_\_\_\_\_ Ck #/EFT: \_\_\_\_\_

**SAINT JUDE PARISH RELIGIOUS EDUCATION PROGRAM 2021-2022  
NEW FAMILY REGISTRATION FORM**

**FAMILY NAME:** \_\_\_\_\_

Our family is registered in Saint Jude Parish Yes \_\_\_ No \_\_\_\_\_

Session Choice: Mondays 4:50 – 6:20 p.m. \_\_\_\_\_

**ALL NEW FAMILIES please contact** Lori Rawski at 215-822-9225, ext. 234.

Sunday Family Catechesis: \_\_\_\_\_

**For Sunday Family Catechesis, the PREP Family Faith Contract must accompany this registration form.**

Home/Cell #: \_\_\_\_\_ Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

**E-Mail – for all PREP Communications:** \_\_\_\_\_

\*\*\*\*\*PLEASE add us to your E-Mail "CONTACTS"\*\*\*\*\*

**NEW STUDENT INFORMATION:** \*Please bring in **ORIGINAL** BAPTISMAL certificate if not baptized at Saint Jude, and First Communion certificate if applicable.

Child's Full Name	Gender	Date of Birth	Grade Level as of Sept.	School & District	Baptism Church & Date

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

**Mother's First & MAIDEN Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Work or Cell #:** \_\_\_\_\_

**Marital Status:** Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Single \_\_\_ Widow \_\_\_ Widower \_\_\_

**Custody:** Are there any custody / legal issues: Yes \_\_\_ No \_\_\_ (if yes, please provide a complete copy of latest court order)

Thank you for registering your child in the **Saint Jude PREP**. Religious education begins at home and is fostered daily. In fulfillment of the Third Commandment from God, we are required to attend weekly Sunday Mass. Taking your children to weekly Mass and Holy Days of Obligation shows that you believe that the Eucharistic Celebration is the center of your faith and your family's life. All PREP families are asked to contribute to the parish annually. This contribution helps support the PREP Program and the overall needs of the Parish. Use your Sunday collection envelopes or sign up to the Parish Giving Program for electronic fund payments. An amount of at least \$10.00 per week is suggested.

**EMERGENCY CONTACT INFORMATION: If we are unable to reach you, who should be contacted?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person responsible for Religious Education if not a Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*I have read the online Parent Handbook and agree to the requirements and expectations of the Saint Jude PREP.

\*Article 12 of the Charter for the Protection of Children and Young People calls for all dioceses to establish "Safe Environment" programs. These grade level appropriate lessons will be presented to students during a portion of class time. I give permission for my child to be present during this lesson.

\*I give permission for my child's name and/or picture to appear in the parish website, parish Facebook page, Church bulletin, videos, and newspaper articles in relation to events that happen in the parish.

\*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 and activities at Saint Jude Parish.

**SIGNED (Parent/Legal Guardian):** \_\_\_\_\_ **Date :** \_\_\_\_\_

**MEDICAL/LEARNING DATA:** If any of the following apply to your child, please list his/her name and provide details

Child's Name	Medical Conditions/ Allergies	Prescribed Medications	Learning Support Services	IEP	**Immunization <i>Are your child's vaccinations current?</i>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have an exemption?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have an exemption?

**Is there other information about your child that should be communicated?**

\_\_\_\_\_

\_\_\_\_\_

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

**Please note, payment should be made in full at time of registration in one of the following ways:**     Check     Electronic Fund Transfer

	Registration Before 6/30	Registration After 6/30
1 child	\$265.00	\$275.00
2 children	\$440.00	\$460.00
3 children, or more	\$565.00	\$585.00

**CHECK:** Send or drop off signed Registration Form with your check payable to St. Jude PREP, 323 W. Butler Ave, Chalfont, PA 18914

**EFT:** Send or drop off signed Form. Go to [www.stjudechalfont.org](http://www.stjudechalfont.org); click: GIVING; click on IMAGE of TREE; choose: LOG IN or PAY NOW or SIGN UP; select category: PARISH FAITH FORMATION; select PREP FEES; add any comments on MEMO line.