

PREP Registration 2021-2022

St. Thomas More, 2101 Pottstown Pike, PA 19465

Enrollment Fee: \$75 per child.
 Please submit the completed form along with your check to the address provided.

Please provide this information for NEW students

| Child's Name (First, Middle) | Gender (M/F) | PREP Grade Level | Date of Birth | Baptism Parish and Date – include a copy of certificate | 1 st Penance Date | 1 st Communion Date |
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FAMILY NAME: _____ **HOME PHONE #:** _____

ADDRESS: _____

EMAIL ADDRESS(es): _____

FATHER'S NAME: _____ **CELL PHONE #:** _____ **RELIGION:** _____

MOTHER'S NAME: _____ **CELL PHONE #:** _____ **RELIGION:** _____

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

Name of person responsible for Religious Education if not a Parent/Guardian _____

Relationship _____

Parent/guardian must provide a signed, dated letter of permission to the CRE which will be kept on file and updated annually.

Participation in PREP shall follow the PREP Family Handbook.

I give permission for my child's photo to appear on the parish website, bulletin boards, newspaper articles in relating to parish events.

Signature: _____ **Date:** _____

Relationship to Child(ren): _____

OVER >>>

Emergency Contact Information: *(If we are unable to reach you, whom should we contact?)*

Name: _____ Relationship: _____ Phone #: _____

Consent for Medical Care: I give permission that, in my absence, my child(ren) whose name(s) 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 PREP programs and activities at St. Thomas More Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

Medical/Learning Data: *If any of the following apply to your child(ren), please list his/her name and give details in the appropriate spaces. Please provide a copy of the IEP if your child(ren) needs accommodations in the PREP classroom. Please provide a copy of the Emergency Medical Plan if your child(ren) have severe allergies.*

| Child's Name | Medical Conditions / Allergies | Prescribed Medications | Disability*/ Learning Support Services | Individualized Education Program (IEP) Yes/No |
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Is there any other information about your child that should be communicated?

Please let us know:

BESIDES PARENTS - Approved Adults that can Pick Up your child(ren). *List Names and Relationship.*

Name(s) _____

**As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious 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.*