

## Sacred Heart Religious Education for Children (PREP) Registration Form Summer Session June 17 – 21, 2024

Registration Date	
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Family Information	n ( <i>Please</i>	print)							
Father's Name							Re	ligion	
	(Last)		(	(First)					
Mother's Name							Re	ligion	
	(Last)	(Maiden)		(Fi	irst)				
re you a parishioner?		(You must be a re	egistered parish	nioner of Sa	acred Heart or have	letter of p	permission fron	n the parish where you	u are registered to attend class here.)
Please circle:	Single	Married (in the Cath	olic Church)		Married (outsid	e the Ca	tholic Church	n) Separated	
	Divorced	Widowed			Remarried				
Child(ren) lives with:		Mom & Dad	Mom	Dad	Grandparent		Other		
How should mail b	e address	ed? (Please circle or	ne) Mr. & N	∕lrs.		Mr.	Mrs.	Ms.	
Home Address: _		(Street)						(7in)	
		,			(City	,		(Zip)	
BEST Phone #_			E- ma	માં					
Dad's Work or Cell #	<b>#</b>		_ TEXT Y or	N. M	1om's Work or Ce	II #			TEXT Y or N
Should mail be sent	to a differer	nt/additional address	than above?		If yes, wh	at addre	ss?		
Address #2									_
Custody: Are there any cu	ictody/legal iss	ues? Yes No	(If yes nlease	provide a (	complete conv of the	latest com	rt order)		
				provide a c	complete copy of the	ldlest cou	nt order j		
		Ed if not a Parent or Leg- of permission which will		e & updat	ed annually)				
lame:					Relationshi	p:			
) I have read the Family	Handbook ar	nd agree to the requiren	nents and exp	ectation (	of Sacred Heart's F	deligious	Education Pro	ogram.	
) I GIVE permission ( r my child(ren)'s name a arning which may be re lucation program.	and/or image	to appear on the parish	n and archdioo nd/or archdioo	cesan weł cesan wel	bsites, bulletin boa bsite, and live-stre	rds, news amed an	spaper article d/or recorde	s, parish bulletin, p d liturgies and eve	parish social media, synchronous re nts associated with the parish reli
gnature							Date		
elationship to child(re	n)		<del>_</del>						
		RE	GISTRATION	FEES: On	ne Child \$100.00; <sup>-</sup>	wo or m			

Sacramental PREP students are also required to attend sacramental preparation classes. DATES TBD. No need to register separately.

Family information page only needs to be completed once; page 2 needs to be completed for each child

## Page #2 must be completed for each child separately.

## Child's Information

Name					
(Last)	(Fi	rst)	(Middle)		
Date of Birth		Sex: Male	Fema	le	
Race: ( ) American Indian/Native Alaskar	ı ( ) Asian	( ) Native Hawaiian/Pa	cific Islander (	) Black/African American	
( ) White	( ) Two or more races	( ) Other	( ) Prefer no	t to answer	
Ethnicity:	( ) Hispanic/Latino	( ) Non-Hispanic/Latin	0		
T-Shirt Size: (please circle) small	medium	large	x-large	youth or adult	
Child will be in what Public School Grade	e in <b>September 2024</b>	School Attending			
Did child have religious instruction in 23/24?	Yes No	_		What Level?	
Sacraments Mont	h/Day/Year	Church	City		
Baptism	,		,		
Reconciliation					
Communion					
onsent for Medical Care: ive permission that, in my absence, my cat should occur while participating in the		n programs and activities at	Sacred Heart Parish		d all situa
ealth Insurance Company:		_ Policy/Group #			
octor's Name:		Phone:			
entist Name:		Phone:			
gned (Parent or Legal Guardian):		D	ate:		
est contact # ()					
EDICAL/LEARNING DATA					
any of the following apply to your child, please give	details in the appropriate spaces.				
dical conditions or Allergies (If YES, Pease descri	be below)		( ) Yes	( ) No	
Prescribed Medications (list details below)		·	) Vac	) No	
rescribed Medications (list details below) **IEP Individualized Education Program/504/Lear	ning support (list details below)			) No ) No	
**Immunizations Are your child's vaccinations up t This question does not refer to COVID; rather,		(	) Yes (	) No	
	child & adolescent immunizations.	l l		<b> </b>	

Please complete information here or add any other information about your child that should be communicated. Including any IEP/504/Learning Support that will be helpful for staff.

<sup>\*\*</sup> IDEA: As defined by Individuals with Disability 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.

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