



## Sacred Heart Religious Education for Children (PREP)

Registration Form Summer Session June 15 - 19, 2026 from 9 am to 2 pm

\*If Upper Merion Area School District needs June 15th for a makeup day,  
we will start on June 16 and add an hour to each day.

Registration Date \_\_\_\_\_

### Family Information (Please print)

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
(Last) (First)

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
(Last) (Maiden) (First)

Are you a parishioner? \_\_\_\_\_ (You must be a registered parishioner of Sacred Heart or have a letter of permission from the parish where you are registered to attend class here)

Please circle: Single Married (in the Catholic Church) Married (outside the Catholic Church) Separated

Divorced Widowed Remarried

Child(ren) lives with: Mom & Dad Mom Dad Grandparent Other \_\_\_\_\_

How should mail be addressed? (Please circle one) Mr. & Mrs. Mr. Mrs. Ms.

Home Address: \_\_\_\_\_  
(Street) (City) (Zip)

BEST Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Dad's Work or Cell # \_\_\_\_\_ TEXT Y or N. Mom's Work or Cell # \_\_\_\_\_ TEXT Y or N

Should mail be sent to a different/additional address than above? \_\_\_\_\_ If yes, what address?

Address #2 \_\_\_\_\_

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 Ed if not a Parent or Legal Guardian  
(Please provide a signed, dated letter of permission which will be kept on file & updated annually)

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

I have read the Family Handbook and agree to the requirements and expectation of Sacred Heart's Religious Education Program.

I GIVE permission  I DO NOT give permission  
for my child(ren)'s name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, parish social media, synchronous remote learning which may be recorded and posted on the parish and/or archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**REGISTRATION FEES: One Child \$125.00; Two children \$150.00; 3 or more children \$175.00.** A \$50 late fee will be required for all registrations received after 3/29/26

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

A separate fee is charged for children who plan to receive a sacrament during the year which is due when preparation classes begin.

**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) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Race:  American Indian/Native Alaskan  Asian  Native Hawaiian/Pacific Islander  Black/African American  
 White  Two or more races  Other  Prefer not to answer

*Ethnicity:*  Hispanic/Latino  Non-Hispanic/Latino

T-Shirt Size: (please circle) small medium large x-large youth or adult

Child will be in what Public School Grade in **September 2026** \_\_\_\_\_ School Attending \_\_\_\_\_

Did child have religious instruction in 25/26? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_ What Level? \_\_\_\_\_

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

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

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

Phone number (home): \_\_\_\_\_ Mobile/Cell #: \_\_\_\_\_

**Consent for Medical Care:**

I give permission that, in my absence, my children whose names appear on 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.

Health Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Best contact #** (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please give details in the appropriate spaces.

Medical conditions or Allergies (If YES, Please describe below) \_\_\_\_\_  Yes  No \_\_\_\_\_

Prescribed Medications (list details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**IEP Individualized Education Program/504/Learning support (list details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**Immunizations Are your child's vaccinations up to date? <i>This question does not refer to COVID; rather, child &amp; adolescent immunizations.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, has the child received an exemption from your current school district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

\*\* 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.

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