



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

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