

**ST. IGNATIUS OF ANTIOCH
PARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM 2022 – 2023 SCHOOL YEAR.**

<p>For Office Use</p> <p>Family Name: _____</p> <p>School Year: _____</p> <p>Fee: _____ Check #: _____</p>

Complete all 3 pages of the Form – 1 form per family. Print clearly. For first time registrations, please bring a copy of each child’s Baptismal Certificate. ALL STUDENTS MUST COMPLETE GRADE 1 BEFORE GOING TO GRADE 2. ALL STUDENTS MUST COMPLETE GRADE 6 BEFORE GOING TO GRADE 7.

Child’s Full Name (First & Last) <u>No Nicknames please</u>	M or F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Church	First Penance Date & Church	First Communion Date & Church

Family Name: _____ Phone #: _____

Address: _____
Street City Zip Code Email: _____

Father’s Name: _____ Cell Phone #: _____ Religion _____

Mother’s Name & **(Maiden name)**: _____ Cell Phone #: _____ Religion _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Not married

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 Education if **not** a Parent or Legal Guardian _____ Relationship _____

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

- I have read the Parent Handbook and agree to the requirements and expectations of St. Ignatius of Antioch Parish Religious Education Program
- I give permission for my child's picture to appear on the parish website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature _____ Date _____ Relationship to Child(ren) _____

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone Number (home) _____
 (cell) _____

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 St. Ignatius of Antioch Parish.

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

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program	**Immunization Are your child's vaccinations up to date?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete information here or add any other information about your child that should be communicated to us; for example, will child bring medication to PREP?

*** IDEA:** As defined by Individuals with Disabilities 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.*

Choice of 3 PREP Sessions: *(please circle your choice)*

1) SUNDAY(after 9:30 Mass): 10:35 a.m. to 11:50 a.m.

2) MONDAY (6:30 p.m. to 7:45 p.m.)

3) WEEK-LONG PLUS – WEEK OF JULY 11 (Monday through Friday – 9:00 a.m. to 12:00 noon) *(Number of students is limited).*
 PLUS ONE SUNDAY A MONTH (after 9:30 Mass) – 9/11 - 10/9 - 11/13 - 12/11 - 1/8 - 2/12 - 3/12 - 4/16 - 5/7 (10:35 a.m. – 12:25 p.m.)
(Please make a copy of these dates and times)

Note: If you register for the weeklong program, the 9 Sunday classes are NOT optional.

PREP TUITION: (Please make check payable to St. Ignatius PREP)

DISCOUNTED PERIOD (UNTIL JUNE 30, 2022)

Grades K to 6

\$230 – One Child

\$450 – Two Children

\$640 – Three or More Children

Grade 7 – \$100 per student for the year

Grade 8 – \$50 per student – Class day and time to be determined by Ms. Flanagan and the students

REGULAR PERIOD (AFTER JUNE 30, 2022)

Grades K to 6

\$250 – One Child

\$490 – Two Children

\$700 – Three or More Children

****All families are strongly encouraged to make weekly Mass a priority.**

Each PREP Family is expected to give a minimum of \$100 as a Church Contribution for the year. If you attend weekly Mass, more than likely, you already do more than this.