

**ST. IGNATIUS OF ANTIOCH  
PARISH RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM 2024 – 2025 SCHOOL YEAR.**

**\*\* First time registrations must bring a copy of each child's Baptismal Certificate.**

<b>For Office Use</b> Family Name: _____  School Year: _____  Fee: _____ Check #: _____
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**PLEASE PRINT CLEARLY. PARISH WHERE YOU ARE REGISTERED \_\_\_\_\_**

**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 Names) <b><u>NO NICKNAMES PLEASE</u></b>	M or F	Date of Birth	Grade Level	Name of Day School and Grade level	Baptism Date & Church (Copy of certificate is needed).	First Penance Date & Church	First Communion Date & Church
Child #1							
Child #2							
Child #3							
Child #4							

Family Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City Zip Code

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.**

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Best Phone Number \_\_\_\_\_  
 (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 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 child's vaccinations up to date? This does not refer to COVID.
#1	<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 If no, has he/she received an exemption from your current school district? <input type="checkbox"/> YES <input type="checkbox"/> NO
#2	<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 If no, has he/she received an exemption from your current school district? <input type="checkbox"/> YES <input type="checkbox"/> NO
#3	<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 If no, has he/she received an exemption from your current school district? <input type="checkbox"/> YES <input type="checkbox"/> NO
#4	<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 If no, has he/she 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 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.

**Ethnicity: Child's Name** \_\_\_\_\_  Hispanic/Latino  Non-Hispanic/Latino

**Race:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  
 (Choose Only  Asian  White  
 One)  Black/African American  Two or more Races  
 Other  Prefer not to answer

**Ethnicity:** Child's Name \_\_\_\_\_  Hispanic/Latino  Non-Hispanic/Latino  
**Race:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  
 (Choose Only  Asian  White  
 One)  Black/African American  Two or more Races  
 Other  Prefer not to answer

**Ethnicity:** Child's Name \_\_\_\_\_  Hispanic/Latino  Non-Hispanic/Latino  
**Race:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  
 (Choose Only  Asian  White  
 One)  Black/African American  Two or more Races  
 Other  Prefer not to answer

**Ethnicity:** Child's Name \_\_\_\_\_  Hispanic/Latino  Non-Hispanic/Latino  
**Race:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  
 (Choose Only  Asian  White  
 One)  Black/African American  Two or more Races  
 Other  Prefer not to answer

- 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 name and/or picture to appear on the parish bulletin or website, bulletin boards, or newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

**Choice of 3 PREP Sessions:** *(Please circle the number of 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 15 - 19 (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) – 9/8 - 10/6 - 11/3 - 12/1 - 1/5 - 2/2 - 3/2 - 4/6 - 5/4  
 (10:35 a.m. – 12:30 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.**
- 4) SPECIAL CLASS ---- grades 8+. The day will be determined by those who participate – teacher and students together --- (6:00 p.m. to 7:15 p.m.)

**PREP TUITION:** (Please make check payable to St. Ignatius PREP). **THIS IS DUE AT THE TIME OF REGISTRATION.**

**Note:** Please note that refunds will not be issued once PREP classes have commenced. We encourage participants to review their schedules and commitments prior to the start of the course to ensure full participation.

**Grades K to 7**

\$275 – One Child

\$525 – Two Children

\$750 – Three or More Children

**Grades 8 – 11** – No tuition ---- Day/Evening to be determined by teacher and students (Please contact the DRE)

**\*\*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.