



SAINT MARY ROMAN CATHOLIC CHURCH PREP 2018-2019 SCHOOL YEAR

Look to Him and be radiant

"I encourage you to be renewed in the joy of that first encounter with Jesus."

POPE FRANCIS

2018 - 2019 PREP REGISTRATION DATES

WEDNESDAY, AUG. 1ST from 6:30pm - 8pm and SUNDAY, AUG. 5TH from 1pm - 3pm
SAINT MARY SCHOOL LOBBY

WELCOME BACK FAMILIES

If your family is new to our program WELCOME!!!

We are glad that you are part of our RELIGIOUS EDUCATION PROGRAM. For all new students, we kindly request a copy of your child's Baptism certificate at the time of registration.

Registration Forms can be electronically filled in and printed from our website.

Please complete all forms: Registration Form, Medical Registration Form, and Release Form for publications. You will need to complete a Medical Registration Form for each child you enroll in the PREP program.

If your child has an IEP it would be helpful if you could provide a copy so that we can make sure that your child's experience in our classroom is the same as his/her day school classroom. We want each child to be successful in our program. These forms are confidential and will be kept in a locked environment.

Once you have completed the forms from the website you can drop them off at **Registration on August 1st/August 5th** or to the Parish Office Center to the attention of the Religious Education Office **no later than August 31st**. You may also mail them with your payment to:

Saint Mary Roman Catholic Church
Attn: Religious Education Office, Susan
40 Spring Mount Road
Schwenksville, PA 19473

Our contact information is: Susan Rodzewich, 610.287.8156 | srodz@churchofsaintmary.org
Mary Goudsward, 610.287.8156 | mgoud@churchofsaintmary.org

REGISTRATION FEES FOR 2018-2019

1 CHILD	\$210.00
2 CHILDREN	\$265.00
3 OR MORE	\$320.00

ADDITIONAL FEES

- FIRST RECONCILIATION AND FIRST COMMUNION MATERIAL FEE IS \$55
- CONFIRMATION MATERIAL FEE IS \$80.

A calendar for the PREP year 2018-2019 is on our website and will also be provided at Registration. Please check the calendar on the website often for important updates. We look forward to a blessed year!

SAINT MARY ROMAN CATHOLIC CHURCH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM

2018-2019 REGISTRATION FEES: (LEVEL 1-6) • 1 CHILD \$210 | 2 CHILDREN \$265 | 3 OR MORE \$320.

PLEASE NOTE: For all new students, we need a COPY of your child's BAPTISMAL CERTIFICATE with this Registration Form.

FOR OFFICIAL USE: FEE: _____ DATE: _____ CHECK: _____ CASH: _____ INITIALS: _____

PARENT INFORMATION

Family Name: _____ Home Phone: _____
 Address: _____
 City/State/Zip: _____
 Mother's Name: _____ Cell: _____ Religion: _____
 Father's Name: _____ Cell: _____ Religion: _____
 Mother's E-Mail: _____ Father's E-Mail: _____

STUDENT INFORMATION

Student Name: _____ Sex: _____ Date of Birth: _____
 Currently Entering Religious Ed Level: _____ Requesting Session: Monday Tuesday
 School District and School Name: _____ School Grade: _____
 Check here if from another Religious Ed Program | Name of Program _____
 Check here if Youngest Child in Religious Education (Level 1 and up) *Please supply transfer letter from previous Director or last Report Card.*

SACRAMENTAL INFORMATION

BAPTISM	FIRST RECONCILIATION	FIRST EUCHARIST	CONFIRMATION
Date: _____	Date: _____	Date: _____	Date: _____
Church: _____	Church: _____	Church: _____	Church: _____
City and State: _____	City and State: _____	City and State: _____	City and State: _____
Denomination of Baptism: _____	Mother's Maiden name as listed on Baptismal Certificate: _____		
	Father's name as listed on Baptismal Certificate: _____		

CUSTODY

Are there any custody/legal issues regarding this child? Yes No *(If yes, please provide a copy of the latest court order.)*
 List Name of Person * responsible for Religious Education, if not Parent/Guardian and relationship: _____
** Parent/Guardian must provide a signed, dated letter of permission, which is to be kept on file and updated annually.*

I give permission for my child to participate in Safe Environment Lessons as outlined on <https://childyouthprotection.org>
 I have (will) read the Parent Handbook and agree to the requirements and expectations of Saint Mary Religious Education Program

Signature: _____ Date: _____

SAINT MARY ROMAN CATHOLIC CHURCH RELIGIOUS EDUCATION PROGRAM MEDICAL INFORMATION FORM

OFFICE OF RELIGIOUS EDUCATION

40 Spring Mount Road, Schwenksville, PA 19473 | 610.287.8156 (Day) | 610.287.4517 (Evening)



EMERGENCY CONTACT INFO

Student's First, Middle and Last Name: _____

Mother/Guardian Name: _____ Phone: _____

Father/Guardian Name: _____ Phone: _____

If we are unable to reach **parents**, whom should we contact?

Name: _____ Relationship: _____

Phone Number (Home): _____ (Cell): _____



CONSENT FOR MEDICAL CARE

I give permission that, in my absence, my child may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education programs and activities at Saint Mary Parish.

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



MEDICAL/LEARNING DATA

If any of the following apply to your child, please give details in the appropriate spaces. Attach additional paper, if necessary.

Child's Name: _____

Medical Conditions/Allergies: _____

Prescribed Medications: _____

Disability*/Learning Support Services: _____

Individualized Education Program - IEP: YES** NO

Is there other information about your child that should be communicated?

* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services."

** We encourage you to share all information, so that we may support and make your child's religious education experience consistent and therefore more pleasant, loving and successful.

Signature: _____ Date: _____ Relationship to Child: _____

**SAINT MARY ROMAN CATHOLIC CHURCH
RELIGIOUS EDUCATION PROGRAM
PHOTO RELEASE FORM 2018-2019**

**Photo | Video | Parish Website | Parish Facebook | Parish Bulletin | Bulletin Boards and
Newspaper Articles in relation to events that happen in the parish**



PHOTO RELEASE

I, _____, hereby do _____, do not _____ give the Archdiocese of Philadelphia/ Saint Mary Church, its successors and assigns and those acting with authority, the unqualified right and permission to reproduce, copyright and circulate pictures and/or video of my child produced and filmed by the Archdiocese of Philadelphia/ Saint Mary Church.

I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website.

I do I do not

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is to the best of my knowledge, true and accurate.

Signed (Parent/Legal Guardian): _____ **Date:** _____

Student's Name: _____ **Date of Birth:** _____

Home Address: _____

OFFICE OF RELIGIOUS EDUCATION

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