

Holy Cross Parish
Religious Education Program (P.R.E.P.)
641 E. Springfield Rd., Springfield, PA 19064
****NEW Email: PREPHolyCross@gmail.com**
Website: www.HolyCrosscatholics.org

New Student

Registration Form – 2022-2023

One form per student. Complete Form. Print clearly.

Please attach a copy of your child's Baptismal Certificate.

Date of enrollment _____ Sex _____ Date of Birth _____

Student Name: _____

Address: _____

Street

City

Zip Code

Home Telephone # _____ E-Mail _____

(Add the e-mail address that is checked regularly as info may be sent home weekly.)

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

Mother's First & Maiden Name: _____ Cell Phone #: _____ Religion _____

FAMILY BACKGROUND: MARRIED: ____ SEPARATED: ____ DIVORCED: ____ RE-MARRIED: ____ SINGLE PARENT: ____

CHILD LIVES WITH: BOTH PARENTS ____ FATHER ____ MOTHER: ____ GUARDIAN ____

CUSTODY: Are there any custody/legal issues? (yes (no If so, please provide a complete copy of the latest court order.

Name of person responsible for Religious Education if not a Parent/Guardian _____

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

School attending in September 2022 _____ Grade: _____

Level of Religious Education attended last year _____ Name of Parish _____

Sacraments received:

Baptism: _____

Month/Date/Year

Church

City/State/Zip

Penance: _____

Month/Date/Year

Church

City/State/Zip

Eucharist: _____

Month/Date/Year

Church

City/State/Zip

Are you a registered parishioner of Holy Cross Parish? Yes or No. If not, what parish do you belong? _____

(OVER)

Name of Child _____

EMERGENCY CONTACT INFORMATION: Aside from the child's parent (s). In an emergency, we will always attempt to contact parents first.

Name: _____ Relationship _____

Number (home) _____ (cell) _____

MEDICAL/LEARNING DATA-

Medical Conditions/Allergies, Prescribed Medications, Disability* /Learning Support Services/IEP _____

List any health problems or learning disabilities of which we should be aware and/or affect classroom performance.

Does your child have an IEP? _____ if yes, please provide to PREP office so we can meet the needs of your Child. * As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, 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.

CONSENT FOR MEDICAL CARE: *Please initial*

_____ I give permission that, in my absence, my child whose names appears 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 Holy Cross Parish.

Please initial:

_____ I give permission for my child's picture to appear on the parish name website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

_____ I have read the PREP Handbook and agree to the requirement and expectation of the Holy Cross Religious Educational program (PREP). Handbook can be found at www.HolyCrosscatholics.org.

Signature _____ Date _____

Office use only

Received: ___/___/___ Entered: ___/___/___ Baptismal Cert. Y/N

Payment Amount \$ _____ Ck # _____ Package sent: ___/___/___ Class _____