

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

Returning Student

Registration Form – 2023-2024

One form per student. Print clearly.

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 #: _____

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

School attending in September 2023: _____ Grade: _____

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

Ethnicity: _____ Hispanic/Latino _____ Non- Hispanic/Latino

Race: (Please choose only one) _____ American Indian/Native Alaskan _____ Native Hawaiian/Pacific Islander

_____ Asian _____ White _____ Black/African America _____ Two or more races _____ Other _____ Prefer not to answer

Medical/Learning Data-

If any of the following apply to your child, please give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) Yes or No

Prescribed Medications : Yes or No

Learning Support Services or *Disability (see IDEA definitions below) Yes or No

** 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.*

IEP -Individualized Education Program Yes or No *If yes, please describe below and please provide a copy of the IEP to the PREP office so we can meet the needs of your child.*

****Immunization** -Are your child’s vaccinations up to date? Yes or No

This question does not refer to COVID; rather, child & adolescent immunizations

If no, has he/she received an exemption from your current school district? Yes or No

***Immunization: Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*

Please complete information here or add any other information about your child that should be communicated?

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 _____