

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 – 2020-2021

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 2020 _____ 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
(OVER)

Name of Child _____

Are you a registered parishioner of Holy Cross Parish? Yes or No.

If not, what parish do you belong? _____

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 _____