

**2024-2025 PARISH RELIGIOUS EDUCATION PROGRAM**  
**Cathedral Church of St. Catharine of Siena & St. Francis of Assisi Church**

**NEW STUDENT REGISTRATION**

**for Class Levels 1st – 8th**

PREP Materials Fee: 1 child \$90 / 2 children \$150 / 3 + children \$200  
Required if entering Level 4: Additional \$30.00 *Bible fee*

Rec'd _____
Ck.# _____
Amt. _____
Other _____
Grade _____

Material Fee \$ \_\_\_\_\_ Bible \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**PLEASE PROVIDE ALL REQUESTED INFORMATION BELOW:**

Family is Registered at: \_\_\_\_\_  
Name of Church / City

Student Name \_\_\_\_\_  
(Last) (First -Middle) (Boy/Girl) (Date of birth)

Copy of Baptismal Certificate provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_  
(House number/ Apt. #) (Street Name) (City) (State) (Zip)

Preferred Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Parent Email \_\_\_\_\_ Cell # \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ Living \_\_\_\_ Deceased \_\_\_\_

Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Remarried \_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_\_ I speak only English. \_\_\_\_\_ I speak only Spanish. \_\_\_\_\_ I am bilingual in English and Spanish.

FULL NAME OF MOTHER \_\_\_\_\_ Living \_\_\_\_ Deceased \_\_\_\_

Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Remarried \_\_\_\_

Religion: \_\_\_\_\_ MAIDEN Name: \_\_\_\_\_

\_\_\_\_\_ I speak only English. \_\_\_\_\_ I speak only Spanish. \_\_\_\_\_ I am bilingual in English and Spanish.

For **JOINT CUSTODY** arrangements, please provide the other parties information below:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

OFFICE USE ONLY: _____
_____
_____

**PRIOR RELIGIOUS EDUCATION & SACRAMENT INFORMATION**

Has this child received any religious education? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, where? \_\_\_\_\_

If yes, how many years of religious education has he or she received? \_\_\_\_\_

Has this child been Baptized? No \_\_\_\_ Yes \_\_\_\_ Date \_\_\_\_\_  
(DD/MM/YY)

Baptismal Certificate Attached YES ____ NO ____
--

Church of Baptism \_\_\_\_\_  
Name of Church Address City/State/Zip Code

Has this child received 1<sup>st</sup> Penance? No \_\_\_\_\_ Yes \_\_\_\_\_

Has this child received 1<sup>st</sup> Communion? No \_\_\_\_\_ Yes \_\_\_\_\_

Has this child been Confirmed? No \_\_\_\_\_ Yes \_\_\_\_\_

Where does your family attend weekly Mass? \_\_\_\_\_  
Name of Church

**2024-2025 SCHOOL INFORMATION:**

Name of School \_\_\_\_\_ District \_\_\_\_\_

Grade entering in **FALL 2024** \_\_\_\_\_

➤ Does this child receive any educational/behavioral/emotional support in school? No \_\_\_\_ Yes \_\_\_\_

Please describe: \_\_\_\_\_

*If yes, a copy of your child's IEP must be submitted to the Director of Religious Education.*

➤ Does this child have allergies or other health problems that we should be aware of? No \_\_\_\_ Yes \_\_\_\_

Please describe: \_\_\_\_\_

**PHOTOGRAPHY PERMISSION**

I grant permission for my child to be photographed during PREP Masses/Events.


\_\_\_\_\_ Yes \_\_\_\_\_ No

 Parent Signature \_\_\_\_\_

**CHILD PROTECTION CATECHESIS**

I grant permission for my child to participate in the Diocese *Child of Grace* Catechesis in Fall 2024.

\_\_\_\_\_ Yes \_\_\_\_\_ No

 Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**DISMISSAL**

***\*Please ONLY COMPLETE IF individuals permitted to pick up child are Other than parents named on this registration form OR cases of joint custody. \****

The following individuals have permission to pick up this child from PREP:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**VOLUNTEERS: Interested in joining our program?**

**Are you interested in volunteering your time to our program? If so, please check one below:**

*(Please check the positions that interest you)*

\_\_\_\_\_ Catechist to teach PREP class *(prior experience helpful)*

\_\_\_\_\_ Classroom teacher's aide

\_\_\_\_\_ to be a substitute teacher      \_\_\_\_\_ to help with Vacation Bible School

**PLEASE NOTE:** The Diocese of Allentown **requires All Volunteers** to provide copies of ***current*** Diocese, State, and Federal child clearances ***before you begin working with children.***

\_\_\_\_\_ I **have** current clearances and training.

My clearances are on file at: *(check one)*

\_\_\_\_\_ Cathedral of St. Catharine      \_\_\_\_\_ St. Francis of Assisi Church

\_\_\_\_\_ Other Parish/School

Name of Parish or School \_\_\_\_\_

\_\_\_\_\_ I **do not have** current clearances and training.

\_\_\_\_\_ I **am willing** to obtain the Diocese specified clearances and training.

Parent name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

