

Cathedral Parish of St. Catharine of Siena ~ St. Francis of Assisi Parish

2023-2024 PREP **NEW STUDENT** REGISTRATION

LEVEL 1st – 8th

Material Fee: 1 child \$90; 2 children \$125; 3 children \$160; 4 & up \$200

Requirement for Level 4: Plus Bible fee of \$25.00

FEE \$ \_\_\_\_\_ BIBLE \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

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

**PLEASE PROVIDE ALL REQUESTED INFORMATION BELOW:**

REGISTERED PARISH FAMILY at: \_\_\_\_\_

Name of Parish

NAME \_\_\_\_\_

(Last)

(First -Middle )

(Boy/Girl)

(Date of birth – DD/MM/YY)

ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

TELEPHONE \_\_\_\_\_

(Preferred)

(Emergency)

\_\_\_\_ YES, I check my email regularly. My EMAIL ADDRESS is: \_\_\_\_\_

\_\_\_\_ NO, I don't use my email regularly. Please do not use it to EMAIL me important information.

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

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

Religion \_\_\_\_\_ Current registered Church \_\_\_\_\_

\_\_\_\_ 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: \_\_\_\_\_

Current registered Church: \_\_\_\_\_

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

**IF YOU HAVE JOINT CUSTODY, PLEASE SPECIFY TO WHOM MAIL/EMAIL IS TO BE SENT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

OFFICE USE ONLY: _____
_____
_____

## RELIGIOUS EDUCATION & SACRAMENTAL 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

### 2023-2024 SCHOOL INFORMATION:

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

Grade entering in **FALL 2023** \_\_\_\_\_

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.***

Has this child any allergies or other health problems that we should be aware of? No \_\_\_\_ Yes \_\_\_\_

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

### PHOTOGRAPHY PERMISSION

\_\_\_\_\_ Yes, I give permission for my child to be photographed during PREP Masses/Events.

\_\_\_\_\_ No, I do not give permission for my child to be photographed during PREP Masses/Events.

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

### CHILD PROTECTION CATECHESIS

\_\_\_\_\_ Yes, I give permission for my child to participate in Child Protection Catechesis in Fall 2023.

\_\_\_\_\_ No, I do not give permission for my child to participate in Child Protection Catechesis in Fall 2023.

 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 \_\_\_\_\_

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

*(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 Child Clearances*** and ***Safe Environment*** training ***before you begin working with children.***

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

Completed 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 secure the necessary clearances and training.

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

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

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

