

**CATHEDRAL OF ST. CATHARINE OF SIENA
PREP FIRST TIME REGISTRATION**

**LEVEL 1 - LEVEL 8
SCHOOL YEAR 2022- 2023**

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

*** If you are registering for PREP for the **first time**, we kindly request that you **make an appointment** with Miss Sciacca to register. Call 610-432-7655 or Email prep@cathedral-church.org.

TUITION: 1 child \$90; 2 children \$125; 3 or more children \$160 TUITION \$ _____
Bible + \$31 (REQUIRED for GRADE 4 & UP) BIBLE \$ _____
TOTAL \$ _____

Please provide ALL REQUESTED information.

BASIC INFORMATION

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 send 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: _____

PLEASE TURN OVER - MORE INFORMATION REQUIRED ON BACK SIDE

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

YES ____ NO ____

(Church of baptism)

(Street)

(City, State, Zip)

Has this child received 1st Penance? No _____ Yes _____

Has this child received 1st Communion? No _____ Yes _____

Has this child been confirmed? No _____ Yes _____

Does your family attend weekly Mass? No _____ Yes _____

2022-2023 SCHOOL INFORMATION:

Name of School _____ School District _____

Grade entering in **FALL 2022** _____

Does this child receive any educational/behavioral/emotional support in school? No ____ Yes ____

Please describe: _____

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 at PREP.

_____ No, I do not give permission for my child to be photographed at PREP.



Parent Signature _____

CHILD PROTECTION CATECHESIS

_____ Yes, I give permission for my child to participate in Child Protection Catechesis in Fall 2022.

_____ No, I do not give permission for my child to participate in Child Protection Catechesis in Fall 2022.



Parent Signature _____

Date _____

DISMISSAL

**Please ONLY COMPLETE IF individuals permitted to pick up child are
Other than parents named on reverse side OR in 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?

(Please check the positions that interest you)

_____ Catechist to teach PREP class (prior experience helpful)

_____ Classroom teacher's aide _____ to be an office aide

_____ to be a substitute teacher _____ to help with Vacation Bible School

PLEASE NOTE: The Diocese of Allentown requires All Volunteers to have possess 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

_____ 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 _____