

**CATHEDRAL OF ST. CATHARINE OF SIENA
PREP RE-REGISTRATION**

**LEVELS 2- 8
SCHOOL YEAR 2022– 2023**

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

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****

2021-2022 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 (Please check ONE and sign)

_____ 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 (Please check ONE and sign)

_____ 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 _____