

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

**GRADE 1 - GRADE 8
SCHOOL YEAR 2016- 2017**

----Please complete one form for each child----

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

TUITION: 1 child \$70; 2 children \$95; 3 or more children \$120 **TUITION \$** _____
Bible - \$14 (**REQUIRED** for **GRADE 4**)

BIBLE \$ _____

TOTAL \$ _____

PLEASE PROVIDE COMPLETE INFORMATION

BASIC INFORMATION

NAME _____
(Last) (First) (Middle) (Boy/Girl)

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.

PHONE NUMBER TO BE USED FOR "DIAL MY CALLS" _____

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.

IN CASE OF SPLIT CUSTODY, PLEASE SPECIFY TO WHOM MAIL IS TO BE SENT:

NAME _____
ADDRESS _____

OFFICE USE ONLY: _____

PLEASE TURN OVER - MORE INFORMATION REQUIRED ON BACK SIDE

2016-2017 SCHOOL INFORMATION:

Name of School _____ School District _____

Grade entering in FALL 2016 _____

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 the Fall.

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

Parent Signature _____

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

Would you be willing?...

_____ to teach PREP class

_____ to be a teacher's aide

_____ to be a substitute teacher

_____ to be an office aide

_____ to be a hall monitor (15 minute commitment at the start of PREP)

_____ to be a crossing guard (15 minute commitment at the end of PREP)

_____ to help with Vacation Bible School (Catechist, snacks, crafts, etc.)

_____ to be part of the hospitality team (bake, help set up or clean up at parent meetings)