

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

**GRADE K - GRADE 8  
SCHOOL YEAR 2021-2022**

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 Mrs. Baron to register. Call 610-432-7655 or Email [prep@cathedral-church.org](mailto:prep@cathedral-church.org).

**TUITION:** 1 child \$75; 2 children \$105; 3 or more children \$135      **TUITION \$** \_\_\_\_\_

**Bible - \$24 (REQUIRED for GRADE 4)**      **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.

**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\***

## **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 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 \_\_\_\_\_

Does your family attend weekly Mass? No \_\_\_\_\_ Yes \_\_\_\_\_

## **2021-2022 SCHOOL INFORMATION:**

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

Grade entering in **FALL 2021** \_\_\_\_\_

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 2021.

\_\_\_\_\_ No, I do not give permission for my child to participate in Child Protection Catechesis in Fall 2021.

⇒ **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)

**PLEASE NOTE** ~ The Diocese of Allentown requires **all** volunteers to have completed the current **Safe Environment** clearances and training.

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

Completed at -

\_\_\_\_\_ 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** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_