

2024-2025 PARISH RELIGIOUS EDUCATION PROGRAM
Cathedral Church of St. Catharine of Siena & St. Francis of Assisi Church

RETURNING STUDENT REGISTRATION

for Class Levels 2nd – 8th

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

PREP Materials Fee: 1 child \$90 / 2 children \$150 / 3 + children \$200
Required if entering Level 4: Additional \$30.00 Bible fee

Material Fee \$ _____ Bible \$ _____ **TOTAL DUE \$ _____**

PLEASE PROVIDE ALL REQUESTED INFORMATION BELOW:

Family is Registered at: _____
Name of Church / City

Student Name _____
(Last) (First - Middle) (Boy/Girl) (Date of birth)

Copy of Baptismal Certificate provided: Yes _____ No _____

Home Address _____
(House number/ Apt. #) (Street Name) (City) (State) (Zip)

Preferred Phone # _____ **Emergency Phone #** _____

Parent Email _____ **Cell #** _____

FULL NAME OF FATHER _____ Living ___ Deceased ___

Marital Status: Married ___ Separated ___ Divorced ___ Single ___ Remarried ___

Religion _____

___ 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:** _____

___ I speak only English. ___ I speak only Spanish. ___ I am bilingual in English and Spanish.

For JOINT CUSTODY arrangements, please provide the other parties information below:

Name _____
Address _____

Email _____

OFFICE USE ONLY: _____ _____ _____

2024-2025 SCHOOL INFORMATION:

Name of School _____ District _____

Grade entering in **FALL 2024** _____

➤ 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.


➤ Does this child have allergies or other health problems that we should be aware of? No ___ Yes ___

Please describe: _____

PHOTOGRAPHY PERMISSION

I grant permission for my child to be photographed during PREP Masses/Events.


_____ Yes _____ No

 Parent Signature _____

CHILD PROTECTION CATECHESIS

I grant permission for my child to participate in the Diocese *Child of Grace* Catechesis in Fall 2024.

_____ Yes _____ No

 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 _____

VOLUNTEERS: Interested in joining our program?

Are you interested in volunteering your time to our program? If so, please check one below:
(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** Diocese, State, and Federal child clearances **before you begin working with children.**

_____ I **have** current clearances and training.

My clearances are on file 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 obtain the Diocese specified clearances and training.

Parent name _____

Cell Phone _____ Home Phone _____

E-mail _____