

Saint Agnes Parish

Religious Education PREP Program

OFFICE ONLY	
Am't PD:	_____
Check #:	_____
Check Date:	_____
Balance Due:	_____

Family Information

Are you a registered member of St. Agnes Parish? _____

Father's Name: _____ Living/Deceased Religion: _____
Last First

Mother's Name: _____ Living/Deceased Religion: _____
Last First (Maiden)

Address: _____
Number and Street City State Zipcode

Home Phone Number: _____ Cellular Phone Number: _____

Fax: _____ E-MAIL: _____ **(ESSENTIAL)**

Father's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Mother's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Please Circle	Parental status:	Married	Divorced	Separated	Remarried	Single Parent
	Child lives with:	Parents	Mother	Father	Guardian	Step-Parent

Emergency Contact Information *If we are unable to reach you, whom should we contact?*

Name : _____ Relationship : _____ Home Phone : _____
 Cell Phone : _____

Confidential within St. Agnes Parish Religious Education Program

Health/Learning Information | If any of the following apply to your child, please list his/her details in appropriate spaces

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* /Learning Support Services	Individual Education Program IEP	
				Yes	No
				Yes	No
				Yes	No

* As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

Custody: Are there any custody/legal agreements Yes No (If yes, provide a complete copy of the last court order)

Name of person responsible for Religious Education if not a Parent/Guardian _____ Relationship _____

Parent / guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

Signature _____ Date _____ Relationship to Child(ren) _____

Student Information #1

Name: _____ Gender: _____
Child's Last Name First Middle NickName:

School: _____ Current School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last PREP/CCD Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please Circle

Please Circle Grade Level for Students: 1 2 3 4 5 6 7 8

Please Circle Session Preference: Monday PREP Wednesday PREP

Student Information #2

Name: _____ Gender: _____
Child's Last Name First Middle NickName:

School: _____ Current School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last PREP/CCD Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please Circle

Please Circle Grade Level for Students: 1 2 3 4 5 6 7 8

Please Circle Session Preference: Monday PREP Wednesday PREP

Student Information #3

Name: _____ Gender: _____
Child's Last Name First Middle NickName:

School: _____ Current School Grade: _____ School District: _____

Last attended Religious Education Parish: _____ Last PREP/CCD Grade: _____

Place of Birth, City: _____ Birth State: _____ Date of Birth: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Confirmation Parish: _____ City/State: _____ Date: _____

Please Circle

Please Circle Grade Level for Students: 1 2 3 4 5 6 7 8

Please Circle Session Preference: Monday PREP Wednesday PREP