

St. Margaret Mary PREP 2017-2018  
(Sunday Mornings from 11:30a.m.-12:35p.m. August -May)

**Grade in August 2017** \_\_\_\_\_

Parent Email: (PRINT CLEARLY) \_\_\_\_\_  
Parent Email: (PRINT CLEARLY) \_\_\_\_\_

Student Name (first, middle, last) \_\_\_\_\_  
Date of Birth (month/date/year) \_\_\_\_\_ Age \_\_\_\_\_

Public School Attending \_\_\_\_\_  
My child attended Prep in 2016-17 at \_\_\_\_\_ Parish. Grade completed \_\_\_\_\_  
Child's Church of Baptism \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Church Address \_\_\_\_\_

*(Please supply a Baptismal Certificate)*

Our family is on the Church Mailing List (Registered Members) at \_\_\_\_\_ Parish

Our family attends Mass : Mass time? \_\_\_\_\_ Where? \_\_\_\_\_

Has your child celebrated First Reconciliation? Y or N Date \_\_\_\_\_  
Has your child celebrated First Communion? Y or N Date \_\_\_\_\_  
Has your child celebrated Confirmation? Y or N Date \_\_\_\_\_

Circle one: Child lives w/ : Both Parents Mom Dad Guardian Other \_\_\_\_\_  
Child's address: \_\_\_\_\_

Mother's Name (first, maiden, last) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Religion: Catholic \_\_\_\_\_ Other \_\_\_\_\_

Father's Name (first, middle, last) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Religion: Catholic \_\_\_\_\_ Other \_\_\_\_\_

**Please list other children in the PREP Program**

Child's Name/Grade: \_\_\_\_\_ Child's Name/Grade: \_\_\_\_\_  
Child's Name/Grade: \_\_\_\_\_ Child's Name/Grade: \_\_\_\_\_

Are there any Sunday conflicts we should be aware of? If yes, Please Explain:

\_\_\_\_\_

**See below for Registration Fees/Sacramental Fees:**

**Registration Fee:** \$40.00 per student (\$160 maximum for a family)

**Additional Sacramental Fee:** \$60.00 per student (Eucharist/Reconciliation or Confirmation)

Return registration form & fee to Parish Office or drop in collection basket.

Please mark envelopes Attn: Tara Mattingly

Date \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

**PLEASE FILL OUT INFORMATION ON THE BACK SIDE OF THIS SHEET**

Contact: Tara Mattingly-Children's Faith Formation tmattingly@stmm.org

**Stewardship Opportunity: Would you be interested in teaching or assisting with a class?**

**CATECHIST: Yes or No (*Training will be provided*)**

**ASSISTANT: Yes or No**

**Other areas of interest:** \_\_\_\_\_

**MEDIA RELEASE FORM**

**YES**\_\_\_ St. Margaret Mary Parish Religious Education Program has my permission to use my child(ren)'s name, photograph, artwork and/or videotaped image in church, parish publications, video productions, and/or parish internet websites.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO**\_\_\_ St. Margaret Mary Parish *Does Not* have permission to use my child(ren)'s name, photograph, artwork and/or videotaped image in church, parish publications, video productions, and/or parish internet websites.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read the PREP handbook, by my signature I support the program as stated in the handbook. My family agrees to follow the rules, policies and responsibilities found therein.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please sign **ONLY ONE** option Below in this block:

Catechists/Assistants have my permission to dismiss my child from the cafeteria for the 2017-18 school year.

X: \_\_\_\_\_

**OR**

Catechists/Assistants do **NOT** have my permission to dismiss my child from the cafeteria for the 2017-18 school year. I will come in to sign them out.

X: \_\_\_\_\_

**PREP EMERGENCY INFORMATION**

Does your child have any food allergies/other allergies we should be aware of? **Y or N**

Please list: \_\_\_\_\_

If Yes: *What **SPECIFIC** snacks can they safely eat? (In the event of a party or gathering with food served*

Does your child take any medications or have any medical conditions that we should be aware of? **Y or N**

Please explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**In case the mother or father cannot be reached, who should be called: My emergency contact has permission to pick my child up as needed.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_