

ST. MARGARET MARY PREP 2018-2019
(SUNDAY MORNINGS FROM 11:30 AM - 12:35 PM AUGUST-MAY)

Grade in August 2018 _____

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 2018-19 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 PREP Program:

Children's Names/Grades: _____

Will your child be playing on any SMM Sports teams? Y or N Sport: _____

PLEASE NOTE

Regular PREP Attendance is REQUIRED in order to play on St. Margaret Mary Catholic Community sports' teams. SMM policy states: Children's Formation Coord. is required to report attendance concerns to the appropriate SMM coach.

Parent signature required of acknowledgment of SMM policy. _____

Are there any Sunday conflicts we should be aware of? If yes, please explain below:

Registration fee: \$45.00 per student (\$175 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: _____

In addition to the PREP curriculum, what topic of discussion or activity would you like to see offered for your family or your child? _____

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 on the weekly sign out sheet held by the catechist.

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 like Oreos, gummies, etc. can they safely eat for special gatherings?***

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 guardian cannot be reached, who should be called? My emergency contact has permission to pick my child up as needed.

Name: _____ Phone: _____ Parent Signature _____