2021-2022 St. Margaret Mary PREP (Tiny Tikes -8th Gr.)

Parent Email: (PRINT CLEARLY)	<i>lugust 2021</i> Parent Email:
Student Name (first middle last)	
Student Name (first, middle, last) Date of Birth (month/date/year)	Age
School Attending	
My child attended Pren in 20-21 at	Parish, Grade completed
Our family is on the Church Mailing Lis	st (Registered Members) at Paris
Our family attends Mass: Mass time?	Where?
Our family attends Mass: Mass time? Has your child been Baptized?	Y or N Date
Has your child celebrated First Rec	conciliation? Y or N Date
Has your child celebrated First Con	nmunion? Y or N Date
Has your child celebrated Confirma	
Child's Church of Baptism	Baptismal Date
Church Address	Please supply a Baptismal Certificate)
Address	Cell Other
Mother's Name (first, maiden, last)	
Address	
Phone	Cell
Religion: Catholic	Other
Famer's Name (mst, moule, last)	
Address	
Address	
Address Phone Religion: Catholic	Cell Other
Address Phone Religion: Catholic Please list other children in PREP Progra	Cell Other
Address Phone Religion: Catholic Please list other children in PREP Progra	Cell Other
Address Phone Religion: Catholic Please list other children in PREP Progra Children's' Names and Grades: May we share your address, email, phone	Cell Other am: e number with your child's catechist? Circle below:
Address Phone Religion: Catholic Please list other children in PREP Progra Children's' Names and Grades: May we share your address, email, phone	Cell Other am: e number with your child's catechist? Circle below:
Address	Cell Other am: e number with your child's catechist? Circle below: ress Y or N Phone number Y or N rgaret Mary Sports teams?
Address Phone Religion: Catholic Please list other children in PREP Progra Children's' Names and Grades: May we share your address, email, phonology Address Y or N Email address Will your child be playing on any St. Mar Play	Cell
Address	Cell Other am: e number with your child's catechist? Circle below: ress Y or N Phone number Y or N rgaret Mary Sports teams? Sport LEASE NOTE: D in order to play on St. Margaret Mary Catholic
Address	Cell
Address	Cell
Address	Cell

 Please mark envelopes Attn: Tara Mattingly

 Date_____ Amt. Paid _____ Check#_____ Cash_

PLEASE FILL OUT INFORMATION ON THE BACK SIDE OF THIS SHEET

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

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 <u>Does Not</u> have permission to use my child(ren)'s name, photograph, art work 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 <u>ONLY ONE</u> option Below in this block:

Catechists/Assistants have my permission to dismiss my child from the cafeteria for the 2021-22school year.

OR

Catechists/Assistants DO NOT have my permission to dismiss my child from the cafeteria for the 2021-22 school year. I will come in to sign them out on the weekly sign out sheet held by the catechist.

PREP EMERGENCY INFORMATION

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

 Name_____
 Phone:_____
 Relationship to Child: _____

PARENT SIGNATURE (Required for emergency contact permission)

Does your child have any food allergies/other allergies we should be aware of? Y or N Please list:_____

If Yes: Please list specific snacks they may have, for example oreos, gummies, etc?

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

Additional comments:_____