

# 2022-2023 St. Margaret Mary PREP (Tiny Tikes –8th Gr.)

*Grade in August 2022* \_\_\_\_\_

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

Student Name (first, middle, last) \_\_\_\_\_

Date of Birth (month/date/year) \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

My child attended Prep in 21-22 at \_\_\_\_\_ Parish, Grade completed \_\_\_\_\_

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

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

Has your child been Baptized? \_\_\_\_\_ Y or N Date \_\_\_\_\_

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 \_\_\_\_\_

Child's Church of Baptism \_\_\_\_\_ Baptismal Date \_\_\_\_\_

Church Address \_\_\_\_\_ *Please supply a Baptismal Certificate)*

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 and Grades: \_\_\_\_\_

May we share your address, email, phone number with your child's catechist? Circle below:

Address Y or N

Email address Y or N

Phone number Y or N

Will your child be playing on any St. Margaret Mary Sports teams? \_\_\_\_\_ 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 Coordinator 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:

Registration fee for 2nd & 8th Grade **\$105 per student (Sacrament fee included)**

Registration fee for Tiny Tikes, K, 1st, 3rd, 4th, 5th, 6th & 7th **\$45.00 per student**

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 ***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 2022-23school year.**

**OR**

**Catechists/Assistants DO NOT have my permission to dismiss my child from the cafeteria for the 2022-23 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:\_\_\_\_\_**