

Our Lady Queen of the Apostles

2018-2019 Parish Religious Education Program (PREP) Family Registration Date _____

Family name _____

Mailing address _____

Email address _____

Parent / guardian name and phone (indicate phone preference with *)

Name _____ home _____ work _____ cell _____

Name _____ home _____ work _____ cell _____

Child's name	M/F	Date of birth	Previously registered Y/N	Entering PREP grade	Baptized Y/N	First Holy Communion Y/N

Registration fees for 2018-2019: one child \$60 / two children \$85 / three or more children \$110

Additional sacramental fees for 2018-2019: First Holy Communion \$25 / Confirmation \$100

All fees are due upon registration

<p><i>Office use only</i></p> <p>Amount _____ Cash _____ Check # _____ Credit / Debit card _____</p> <p>Placement (name / grade / day / time)</p> <p>Child _____</p> <p>Child _____</p> <p>Child _____</p> <p>Child _____</p> <p>Child _____</p>

(over)

Requirements and guidelines

- Registration fees are due at the time of registration.
- Baptismal certificates are required for all new students.
- Students enrolled in either of the multi-year sacramental programs (First Holy Communion and Confirmation) may miss no more than three classes in a single year. Students with excessive absence must arrange makeups with the PREP directors.
- Students are to be dropped off on time and picked up promptly.

*I have read, I understand, and I agree to the requirements and guidelines above,
and I grant permission for my child / children to attend Our Lady Queen of the Apostles PREP classes.*

Parent / guardian signature _____ Date _____

Emergency information

In the event we're unable to reach you, who should we contact?

Name _____ Relationship _____ Phone _____

Describe any health condition or medical information we should know about your child / children.

If your child takes medication, provide the name of the child and the name of the medication.

If we're unable to contact you or the person above regarding your child, have we your authorization to provide appropriate medical action should your child require it while attending our PREP classes?

Yes _____ Hospital preference _____

No _____

Doctor name _____ Phone _____

Parent / guardian signature _____ Date _____