

FOR OFFICE USE ONLY Date registered _____

Family Name: _____

Fee: \$ _____ Check # _____ Online date _____

In-person _____ # Homeschool _____ Sacrament yr _____

Baptismal Cert needed _____ provided _____

Issues: Medical _____ Educational _____ Custody _____

Parish Religious Education Program 2022-2023

St. Gabriel of the Sorrowful Mother Parish

P.O. Box 709, 8910 Gap Newport Pike

Avondale, PA 19311

Mass attendance and minimum donation of \$5 per week (including Christmas, Easter, holy days) by all registered PREP families are requested.

Complete Form. Print clearly.

Child's Full Name (first, middle, last)	Sex M/F	Date of Birth	Grade Level	PREP Level	Name of Academic School	Baptism (date and parish)	1 st Penance date	1 st Communion date

A copy of each child's Baptismal Certificate is needed for first time registrations.

Family Last Name _____ Father's name _____ Mother's Name _____

Address _____ Home Phone _____
Street city zip

Father's Work/Cell # _____ Father's email _____ Father's Religion _____

Mother's Work/Cell # _____ Mother's email _____ Mother's Religion _____

CUSTODY: Are there any custody/legal issues? No Yes (If yes, please provide a complete copy of the latest court orders.)

Name of person responsible for Religious Education if not a Parent or Legal Guardian*. _____ Relationship _____

*Parent/guardian must provide a **signed, dated letter of permission** to the DRE which is to be kept on file and updated annually.

- I have read the Parent Handbook on the church website and agree to the requirements and expectations of St. Gabriel of the Sorrowful Mother's Parish Religious Education Program. (PREP).
- I give permission for my child's name and/or image to appear on the parish website, bulletins, newspaper articles, synchronous remote learning and live-streamed recorded liturgies and events associated with PREP.
- I acknowledge that I may need to attend additional parent meetings because I am homeschooling my child(ren) and/or I have a child in Sacramental Level 3 or 7.
- I acknowledge that homeschool parents/guardians must email to the DRE the results of weekly online quizzes for each child registered in the program to assess ongoing progress and program completion.

MONDAYS 4:30-5:50PM

ANNUAL FEES:

1 child	\$ 235
2+ children	\$ 320
Materials fee per child in a Sacramental year	\$ 40

50% discounted fee for Catechists & Aides

Signature _____ Date _____ Relationship to Child(ren) _____

Name _____

EMERGENCY CONTACT INFORMATION: Name _____ Relationship _____
(If we are unable to reach you, whom
Should we contact?) Home Phone # _____ Cell # _____

CONSENT FOR MEDICAL CARE: I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situation that should occur while participating in the Parish Religious Education Program and activities at St. Gabriel of the Sorrowful Mother Parish.

SIGNATURE (Parent of Legal Guardian) _____ Date _____

I give permission for the following people to transport my child. (I will provide a written note to show at dismissal each time)
Name _____ Relationship _____
Name _____ Relationship _____

My child will attend in-person PREP instruction.

I will homeschool my child using the online program that parallels the in-person instruction.

MEDICAL/EDUCATION DATA Please indicate any/all medical and educational concerns the catechists should be aware of in class.

Child's Name	Medical Conditions or Allergies	Prescribed Medication	Learning Support or Disability	IEP* with accommodations
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Please explain any **medication or educational information** about your child that should be communicated.

* **IDEA:** as defined by the Individuals with Disabilities Education Act (IDEA), the term "child with disability" means a child with an intellectual disability, a hearing impairment (including deafness, a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.