2017 – 2018 ST. THOMAS PREP STUDENT REGISTRATION FORM

REGISTRATION FORM MUST BE RETURNED BY WEDNESDAY, MAY 10, 2017

CHILD(REN) Last Name: _____ **Title:** _____ **PARENT(S) Last Name:** _____

Address: _____ **Town:** _____ **Zip Code:** _____ **Home #:** _____

Child's Father's Name: _____ **Father's Religion:** _____ **Father's Work#:** _____ **Father's Cell:** _____

Child's Mother's Name: _____ **Mother's Religion:** _____ **Mother's Work#:** _____ **Mother's Cell:** _____

Mother's Maiden Name: _____ **EMAIL ADDRESS(ES):** _____

STUDENT'S NAME	GENDER M or F	YRS. OF REL. ED.	BIRTH DATE	BAPTISM REC'D.	EUCHARIST REC'D.	GRADE IN SEPT.	OFFICE USE DAY	OFFICE USE CLASS

PLEASE CHOOSE THE DAY THAT WORKS BEST WITH YOUR SCHEDULE:

☐ TUESDAY	☐ THURSDAY	☐ SATURDAY	☐ HOME INSTRUCTION
4:15 PM TO 5:45 PM	4:15 PM TO 5:45 PM	10:00 AM TO 11:30 AM	LEVELS 3, 4 & 5 ONLY

SPECIAL NEEDS STUDENTS ONLY

☐ **MONDAY: 4:30 to 5:30 PM**

Name(s): _____

CONFIRMATION CANDIDATES ONLY

☐ Candidates must attend 2 Monday evening sessions per month. Dates will be announced shortly.

Name(s): _____

ST. THOMAS PREP FEES:

$100.00 Confirmation ONLY / Home Instruction
$150.00 1 child / **$175.00** if form received after 5/10/17
$240.00 2 children / **$265.00** if form received after 5/10/17
$290.00 3 children or more / **$315.00** if form received after 5/10/17

ST. THOMAS PREP PHOTO RELEASE:

I give St. Thomas the Apostle permission and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child's image and likeness for parish publications or website.

YES ☐ **NO** ☐ **(If blank we will assume YES)**

UPON RECEIPT OF PREP INVOICE ALL FEES MUST BE PAID EITHER BY MAIL, IN PERSON OR ONLINE.

FOR OFFICE USE ONLY

Family Code: _____
PREP Fee: _____
Amount Due: _____
Other: _____

Date	Check #	Paid	Balance

EMERGENCY CONTACT INFORMATION:

I authorize St. Thomas PREP to provide emergency medical care for my child(ren) if necessary. In the event of an emergency your child will be brought to the nearest hospital.

In the event of an emergency and we cannot reach you, please list a LOCAL contact person (other than yourself).

Emergency Contact Name: _____ **Phone #:** _____

PARENT AGREEMENT: Recognizing that my involvement as a parent / guardian is of primary importance in helping to prepare my child(ren) for a faith filled life.

>>> I AGREE to bring my child to MASS EVERY SUNDAY and on HOLY DAYS.
>>> I AGREE to send my child to PREP classes EACH WEEK and ON TIME.
>>> I AGREE not to allow my child to miss more than 3 PREP CLASSES THIS YEAR.

I freely choose to enroll my child in PREP and to fulfill the commitment I made at my child's Baptism to develop and strengthen their faith life.

PARENT/GUARDIAN SIGNATURE: _____

FAMILY INFORMATION: Please **check all** that apply to you.

Mother's Marital Status: ___**Married,** ___ **Not Married,** ___ **Separated,** ___ **Divorced,** ___ **Remarried,** ___ **Widow**

Father's Marital Status: ___**Married,** ___ **Not Married,** ___ **Separated,** ___ **Divorced,** ___ **Remarried,** ___ **Widower**

COURT DOCUMENTS MUST ACCOMPANY YOUR FORM, IF YOU CHECK ANY ITEM BELOW:

****Non-parental guardianship:** ___ **Child resides with:** _____ **Relationship:** _____

****Custody or Visitation Issues:**___ **If anyone is NOT ALLOWED to pick up your child please list & explain below:**

PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOUR CHILD(REN) HAVE SPECIFIC NEEDS: PLEASE CHECK ALL THAT APPLY

This important information helps the Catechist meet your child's specific needs. **ALL INFORMATION IS KEPT CONFIDENTIAL.**

CHILD'S NAME: _____

PLEASE LIST / INDICATE ALL ALLERGIES, MEDICAL CONDITIONS (i.e Asthma, Diabetes, etc.) MEDICATIONS & OTHER IMPORTANT INFORMATION:

____**ADD,** ____ **ADHD,** ____ **EPI-PEN,** ____ **INHALER**

ALLERGIES, MEDICAL CONDITION(S), MEDICATION(S):

SPECIAL SERVICES
(IEP, RESOURCE ROOM, IN-CLASS SUPPORT):

CHILD'S NAME: _____

PLEASE LIST / INDICATE ALL ALLERGIES, MEDICAL CONDITIONS (i.e Asthma, Diabetes, etc.) MEDICATIONS & OTHER IMPORTANT INFORMATION:

____**ADD,** ____**ADHD,** ____ **EPI-PEN,** ____ **INHALER**

ALLERGIES, MEDICAL CONDITION(S), MEDICATION(S):

SPECIAL SERVICES
(IEP, RESOURCE ROOM, IN-CLASS SUPPORT):

Please consider becoming a PREP Volunteer!

St. Thomas PREP is dependent upon and in need of volunteers. We're asking you to become involved and help make a difference! Please consider volunteering in one of the positions listed below.

Volunteer Name: _____ Day: _____

_____ **CATECHIST**
Teach a class every Tuesday, Thursday or Saturday. Responsibilities include lesson preparation & planning (we supply all materials needed).

Day: _____ Level: _____

_____ **AIDE**
Assist the Catechist in the classroom. Confirmation Candidates and High School students are welcome! This is a commitment for the full PREP year.

_____ **PARENT VOLUNTEER**
Be called upon to fill in and assist in the absence of the regular aide to the Catechist or volunteer to help in the class if the Catechist calls.

_____ **SUBSTITUTE**
Teach a class in the absence of the regular Catechist.

_____ **DOOR / HALL MONITOR**
Maintain a safe and healthy enviroment for our students by monitoring and securing front doors, hallways and student bathrooms.

_____ **OFFICE AIDE**
Help the PREP office during your child's scheduled class which may include light office work or assist a Catechist in a classroom wherever needed.