

EMERGENCY CONTACT INFORMATION:

I authorize St. Thomas the Apostle 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 ACKNOWLEDGE receipt of the 2026–2027 Parent Handbook & agree to follow all policies outlined within.

>>> 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 ALL MEDICATIONS, ALLERGIES,
MEDICAL CONDITIONS (i.e Asthma, Diabetes, etc.)
& OTHER IMPORTANT INFORMATION:

ADD, ADHD, EPI-PEN, INHALER

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

SPECIAL SERVICES

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

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

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