



**ST. GENEVIEVE PARISH - Level 1 through Level 6 PREP
2017-18 NEW FAMILY REGISTRATION FORM**

OFFICIAL USE ONLY

Date: _____ Fee: \$ _____
 CASH CHECK Check#: _____

Please Print Clearly

FAMILY NAME: _____

CHILD(REN) FIRST NAME(S): _____

SECTION A - PARENT INFORMATION

▪ **Parent Names**

Father's Formal First & Last Name: _____ Living Deceased
 Religion: _____ Nickname: _____
 Mother's Formal First & Last Name: _____ Living Deceased
 Religion: _____ Nickname: _____
 Mother's Maiden Name: _____

▪ **Phone Numbers**

Father Cell: _____ Mother Cell: _____
 Home: _____

▪ **Additional Information**

▪ **Parental Status** Married Divorced Seperated Remarried Single Parent
 ▪ **Child Lives With...** Parents Mother Father Guardian Step-Parent

▪ **If Applicable: Step-Parent/Guardian Information**

Name: _____
 Phone: _____ Cell Home Other

▪ **Person responsible for child's Religious Education if not Parent/Guardian**

Name: _____ Relationship: _____
 Phone: _____ Cell Home Other

▪ **Child Custody Concerns**

Does St. Genevieve's need to be aware of any custody/legal concerns?
 NO YES - A copy of the most recent court documents are attached.

SECTION B - FAMILY INFORMATION

▪ **Parish Registration - Is Your Family Registered at St. Genevieve's?**

YES NO - Our parish is _____ and a **letter of permission**
 from our pastor for our child(ren) to attend St. Gen's PREP & to receive the Sacraments of
 First Reconciliation, First Eucharist, and Confirmation **is attached.** (See Addendum 1)

▪ **Mailing Address**

Family Address: _____
 City: _____ State: _____ Zip: _____

▪ **Email Address**

Primary: _____ **(Required)**
 Secondary: _____ **(Optional)**

The **Primary Email** will be used for weather cancellations, program/calendar updates, program/parish information, student assignments, and information concerning sacramental preparation. **It will be the primary means of communication between the program and your family.**

SECTION C - EMERGENCY CONTACT (IF UNABLE TO CONTACT PARENTS/GUARDIANS)

Contact's Name: _____ Relationship to Child(ren): _____
 Primary Phone: _____

PLEASE CONTINUE TO NEXT PAGE

SECTION D - CHILD INFORMATION**Child 1 - Basic Information**Child's Formal Name: _____ NickName: _____
First LastBirth Date: _____ Gender: Male FemaleMedical Conditions: NO YES - _____Allergies - Food: NO YES - _____Other: NO YES - _____

Day School: _____ Day School Grade for September: _____

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in you child's life that can have an impact in a classroom setting. Does you child receive learning support, take medication on a regular basis, or has your child recently experienced a life altering event (ex: death of a family member, a recent move, divorce, etc.)? **NO** **YES**

If "YES" please briefly describe (use extra paper if needed): _____

▪ Child 1 - Sacrament Information (Copy of Baptismal Certificate is REQUIRED.)

Has your child received prior religious education?
 NO YES - Where: _____ When: _____

EXACT Date of Baptism: _____ Church of Baptism: _____

If NOT baptized at St. Genevieve Church, you MUST attach a copy of the Baptismal Certificate.Has your child received Reconciliation? NO YES - Year / Parish: _____ / _____Has your child received First Eucharist? NO YES - Year / Parish: _____ / _____Has your child received Confirmation? NO YES - Year / Parish: _____ / _____**Child 2 - Basic Information**Child's Formal Name: _____ NickName: _____
First LastBirth Date: _____ Gender: Male FemaleMedical Conditions: NO YES - _____Allergies - Food: NO YES - _____Other: NO YES - _____

Day School: _____ Day School Grade for September: _____

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in you child's life that can have an impact in a classroom setting. Does you child receive learning support, take medication on a regular basis, or has your child recently experienced a life altering event (ex: death of a family member, a recent move, divorce, etc.)? **NO** **YES**

If "YES" please briefly describe (use extra paper if needed): _____

▪ Child 2 - Sacrament Information (Copy of Baptismal Certificate is REQUIRED.)

Has your child received prior religious education?
 NO YES - Where: _____ When: _____

EXACT Date of Baptism: _____ Church of Baptism: _____

If NOT baptized at St. Genevieve Church, you MUST attach a copy of the Baptismal Certificate.Has your child received Reconciliation? NO YES - Year / Parish: _____ / _____Has your child received First Eucharist? NO YES - Year / Parish: _____ / _____Has your child received Confirmation? NO YES - Year / Parish: _____ / _____**PLEASE CONTINUE TO NEXT PAGE**

SECTION E - DISMISSAL PICKUP LOCATION

Please check your child's Dismissal Pick-up Location:

- CAR LINE SOUTH - Bethlehem Pike Toward Chestnut Hill -Parking Lot Right Hand Lanes to School Side Door Church Side
- CAR LINE NORTH - Bethlehem Pike Toward Scoogies / Wissahickon Ave - Left Hand Lane to School Front Door
- WALK UPS - **Can NOT park in St. Gen's Parking Lot** - Use street or Bank parking - School Side Door Wissahickon Ave Side

SECTION F - REGISTRATION FEE / DISCOUNT (Checks payable to St. Genevieve Parish.)

Registration Fees

\$150 For 1 Child
 \$50 For Each Additional Child

Fee Calculation

1 Child = \$150
 # of Additional Children * \$50 = +
 Discount if before July 31, 2017 = -
 Total Registration Fee =

Early Registration Discount

\$20 Per Family if registered before July 31, 2017.

SECTION G - PARENTAL PERMISSIONS + REQUIRED PARENTAL SIGNATURE

PHOTO RELEASE PERMISSION: Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as par of his/her enrollment in PREP? No names will be used to identify children in photo related material. YES NO

CONSENT FOR MEDICAL CARE: I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Programs and activities at St. Genevieve Parish.

FAMILY/PARISH PARTNERSHIP: We recognize that PREP is a partnership between the families and parish. We will do our best to bring the Catholic Faith into our home by attending Mass regularly, praying as a family and being actively involved our child's Faith Formation. We have read the PREP Handbook and agree to the policies listed. (PREP Family Handbook can be found at www.stgensparish.com)

Parent Signature: _____

Date: _____

SECTION H - PREP VOLUNTEER OPPORTUNIITES (Optional)

Please indicate your first and second choice for volunteer role and indicate available time commitment:

_____ **Catechist** – An individual classroom teacher. Training/support are provided.

- Weekly Plus (Tuesdays 6pm-7:45pm plus 2-3 hours preparation for class/week)

Note: There is no registration fee for Catechist's children.

_____ **Catechist's Aide** – Helps the catechist with classroom lessons and projects.

- Weekly (Tuesdays 6:15pm-7:45pm)
- Twice/Month (Tuesdays 6:15pm-7:45pm)

_____ **Hall Monitor** – Monitors the hallways to ensure student safety.

- Weekly (Tuesdays 6:15pm-7:45pm)
- As needed.

_____ **Traffic Flow** – Helps direct traffic flow at dismissal.

- Weekly (Tuesdays 7:20pm-7:45pm)
- Twice/Month (Tuesdays 7:20pm-7:45pm)

_____ **Substitute** – Fills in for Catechists when they are unable to attend classes. Lesson plans are provided.

- As needed.

I (We) would like to be a PREP Volunteer. I (We) understand that all positions are subject to availability and that I (we) will commit to volunteering from September to May. PREP will be a family priority and **I (we) will attend as indicated.**

NOTE: All PA Clearances and Safe Environment Requirements must be on file at Rectory **prior to September.**

Name: _____

Signature: _____



Saint Genevieve Catholic Church

REQUIRED PERMISSIONS FOR OUT OF PARISH FAMILY

We welcome children from outside of St Genevieve Parish into our Parish Religious Education Program when it is not possible for the child or children to attend the Religious Education Program within their parish of registration for legitimate reasons, such as:

- Scheduling conflicts
- Custodial arrangements

However, this arrangement must be made with the approval of the Pastor of the parish of registry. It must be understood that ***the reception of sacraments such as First Reconciliation, First Holy Communion, and Confirmation must be made in the parish of registry not where the child or children attend PREP classes unless permission by the Pastor of the parish of registry is given.***

In order to avoid any misunderstandings in the future, we ask that you sign and return this document at the time of your child or children's registration into our Parish Religious Education Program.

The _____ Family's children have permission to

- attend PREP at St. Genevieve's Parish. YES NO
- receive their First Reconciliation, First Holy Communion, and Confirmation at St. Genevieve's Parish. YES NO

Date: _____

Signature of Parent / Guardian: _____

Signature of Pastor: _____
(where family is registered)