



ST. GENEVIEVE PARISH - Level 1 through Level 7 PREP

2018-19 NEW PREP FAMILY REGISTRATION FORM

(May register siblings for CGS on this form.)

OFFICIAL USE ONLY - REV 1

Date: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

CASH  CHECK

Check#: \_\_\_\_\_

Please Print Clearly

FAMILY NAME: \_\_\_\_\_

CHILD(REN) FIRST NAME(S): \_\_\_\_\_

SECTION A: PARENT INFORMATION

Parent Names Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_ Mother Cell: \_\_\_\_\_  
Father Cell: \_\_\_\_\_

Additional Information - Check all that apply.

Parental Status Married  Divorced  Separated  Remarried  Single Parent

Child Lives With... Parents  Mother  Father  Guardian  Step-Parent

If Applicable: Step-Parent/Guardian Information  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  Cell  Home  Other

Child Custody Concerns  
 NONE  YES - A copy of the most recent court documents are attached.

SECTION B: FAMILY INFORMATION

Family Parish  St. Genevieve / Parish ID Number: \_\_\_\_\_ This number can be found on the envelopes that you receive from St. Genevieve's.  
 My Parish is \_\_\_\_\_ and Addendum 2 (Letter of Permission) is attached.

Family Mailing Address Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family 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: SESSION SELECTION

LEVEL 1 - LEVEL 7 PREP

SUNDAYS: Number a 1st and 2nd Choice. You will be notified if your 1st choice is not available.

____ PREP-1: Mass at 9:00am L1, L2: Class begins at 8am. L3-L7: Class begins at 8:15am.	____ PREP-2: Mass at 10:30am L1, L2: Class begins at 9:30am. L3-L7: Class begins at 9:45am.	____ PREP-3: Mass at Noon L1, L2: Class begins at 11am. L3-L7: Class begins at 11:15am.
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AGE 3 through KINDERGARTEN OFFERINGS - OPTIONAL

CGS L1 - Sundays:

____ CGS-S1 Class begins at 8:05am. Children will join 9:00am Mass at Offertory.	____ CGS-S2 Class begins at 9:35am. Children will join 10:30am Mass at Offertory.	____ CGS-S3 Class begins at 11:05am. Children will join Noon Mass at Offertory.
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CGS L1 - Wednesdays:

\_\_\_\_ CGS-W  
Class Time is from 9am-10:15am.

CGS L1 - Thursdays:

\_\_\_\_ CGS-Th  
Class Time is from 3pm-4:45pm.

**SECTION D - STUDENT INFORMATION (For School Year 2018-19)****Child 1**

Child's Formal Name: \_\_\_\_\_ NickName: \_\_\_\_\_  
First Last

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Food Allergies:  NO  YES - \_\_\_\_\_

Medical Conditions:  NO  YES - \_\_\_\_\_

**2018-19 School Data**

Day School Grade: \_\_\_\_\_ Day School Name: \_\_\_\_\_

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

NO  YES - Please describe - use additional paper if needed.

\_\_\_\_\_

\_\_\_\_\_

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

NO  YES - Please fill out Addendum 1: Extra InClass Support.

**Prior Religious Education**

NO  YES - Where? \_\_\_\_\_

**Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)**

Baptism:  NO  YES - Year / Church: \_\_\_\_\_ /

First Reconciliation:  NO  YES - Year / Church: \_\_\_\_\_ /

First Communion:  NO  YES - Year / Church: \_\_\_\_\_ /

**Child 2**

Child's Formal Name: \_\_\_\_\_ NickName: \_\_\_\_\_  
First Last

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Food Allergies:  NO  YES - \_\_\_\_\_

Medical Conditions:  NO  YES - \_\_\_\_\_

**2018-19 School Data**

Day School Grade: \_\_\_\_\_ Day School Name: \_\_\_\_\_

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

NO  YES - Please describe - use additional paper if needed.

\_\_\_\_\_

\_\_\_\_\_

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

NO  YES - Please fill out Addendum 1: Extra InClass Support.

**Prior Religious Education**

NO  YES - Where? \_\_\_\_\_

**Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)**

Baptism:  NO  YES - Year / Church: \_\_\_\_\_ /

First Reconciliation:  NO  YES - Year / Church: \_\_\_\_\_ /

First Communion:  NO  YES - Year / Church: \_\_\_\_\_ /

**Child 3**

Child's Formal Name: \_\_\_\_\_ NickName: \_\_\_\_\_  
First Last

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Food Allergies:  NO  YES - \_\_\_\_\_

Medical Conditions:  NO  YES - \_\_\_\_\_

**2018-19 School Data**

Day School Grade: \_\_\_\_\_ Day School Name: \_\_\_\_\_

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

NO  YES - Please describe - use additional paper if needed.

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

NO  YES - Please fill out Addendum 1: Extra InClass Support.

**Prior Religious Education**

NO  YES - Where? \_\_\_\_\_

**Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)**

Baptism:  NO  YES - Year / Church: \_\_\_\_\_ / \_\_\_\_\_

First Reconciliation:  NO  YES - Year / Church: \_\_\_\_\_ / \_\_\_\_\_

First Communion:  NO  YES - Year / Church: \_\_\_\_\_ / \_\_\_\_\_

**Child 4**

Child's Formal Name: \_\_\_\_\_ NickName: \_\_\_\_\_  
First Last

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Food Allergies:  NO  YES - \_\_\_\_\_

Medical Conditions:  NO  YES - \_\_\_\_\_

**2018-19 School Data**

Day School Grade: \_\_\_\_\_ Day School Name: \_\_\_\_\_

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

NO  YES - Please describe - use additional paper if needed.

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

NO  YES - Please fill out Addendum 1: Extra InClass Support.

**Prior Religious Education**

NO  YES - Where? \_\_\_\_\_

**Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)**

Baptism:  NO  YES - Year / Church: \_\_\_\_\_ / \_\_\_\_\_

First Reconciliation:  NO  YES - Year / Church: \_\_\_\_\_ / \_\_\_\_\_

First Communion:  NO  YES - Year / Church: \_\_\_\_\_ / \_\_\_\_\_

**SECTION F: PREP VOLUNTEER OPPORTUNITIES (Optional)**

**Adult Volunteers**

**Name(s):** \_\_\_\_\_

- Catechist:** An individual classroom teacher. Lesson plans provided. *(No registration fee for Catechist's children.)*
  - *Weekly At-Home Preparation in addition to Class; Need to arrive at least 10 minutes prior to the beginning of class.*
- Catechist's Aide** – Helps the main catechist.
  - *Help with attendance, lessons, projects and teaches if main catechist is absent.*
- Hall Monitor** – Monitor the hallways to ensure student safety.
- Substitute** – Fill in for Catechists when they are unable to attend classes.

**Teen Volunteers**

**Name(s):** \_\_\_\_\_

- Classroom Aide**
- Hall Monitor**
- Special Projects**

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.**

**SECTION G: REGISTRATION FEE (Checks payable to St. Genevieve Parish.)**

\$150 For 1 Child

*NOTE: No Fee Req'd for Catechists' Children/Grandchildren.*

\$200 For 2 Children

\$250 For 3 Children

\$300 For 4 or more Children

**SECTION H - PHOTO RELEASE PERMISSION**

**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**

**SECTION I - PARENTAL PERMISSIONS + REQUIRED PARENTAL SIGNITURE**

**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 family 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 in 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](http://www.stgensparish.com))

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



*P. R. E. P. Parish Religious Education Program*