



****PREP – NEW FAMILY****
2017-2018 RELIGIOUS EDUCATION REGISTRATION
MOTHER OF DIVINE PROVIDENCE PARISH
WED 6:15 – 7:30PM / SEPT – MAY

Please return this form to MDP parish, Attn: Lauren Joyce, PREP Program
 Questions? Contact: DRE Lauren Joyce 610-337-2173 LJoyce@MdpParish.com

Family Contact Information:

Parent Name(s): _____
 Family Address: _____

All PREP Communications come via Email:

Parent Email(s): _____

Family Religious Information:

Family Parish of Registration: _____

Our family attends Mass (weekly / monthly / holidays only): _____

Parent Marital Status: _____ If married, married in the Church? Yes / No

Note: if you would like to be married in the Church, just ask! We would love to help you with this.

Cell Phone & Emergency Contact:

NAME	Relationship to Child	Cell
	Parent:	
	Parent or Other:	
	Emergency Contact:	

We are here to help the whole family! Are you interested in any of the following?

- [] Parent Bible Studies & Retreats – we would like to hear more about events like these
- [] Marriage – we would like to have our marriage blessed and/or annulled
- [] Baptism & Confirmation for Adults – we would like to become Catholic / finish our Confirmation
- [] Youth Group - we would like youth group info for our 7th-12th grader
- [] Personal Item - we would like to meet with Fr. Cioppi or Dn. Greg to discuss a private matter

Tuition: \$140 for 1 child \$215 for 2 children \$265 for 3 or more children

Please make checks to "MDP."

Financial aid is available – just ask!

You may pay now, or in installments through Feb.

**ALL TUITION DUE
Feb 1, 2018**

PLEASE DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Amount \$ _____	Check # _____	Check Date _____
Amount \$ _____	Check # _____	Check Date _____
Amount \$ _____	Check # _____	Check Date _____

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Baptismal Certificate on file | <input type="checkbox"/> Out of Parish Pastor's Permission | <input type="checkbox"/> Sacrament |
| <input type="checkbox"/> Court order dated _____ | <input type="checkbox"/> Permanent Record Card | <input type="checkbox"/> Database |
| <input type="checkbox"/> Parent letter / responsibility | <input type="checkbox"/> IDEA - 1 <input type="checkbox"/> IDEA - 2 <input type="checkbox"/> IDEA - 3 | <input type="checkbox"/> IDEA - 4 |



“SAFE DRIVERS” for PICK-UP

Safe Drivers: Please list anyone who may pick up your child from PREP. (Grandparents, babysitters, family friends, etc.) ALL DRIVERS MUST SHOW I.D.!

Is there someone who specifically may NOT pick up your child? (We only release children to the “safe drivers” listed above. But if there is a history or danger of non-custodial parents or others trying to pick up a child illegally, please alert us and submit the legal documents involved.)

CUSTODY / LEGAL ARRANGEMENTS

Are there any custody / legal arrangements that we should know about? yes no
****Please provide a complete copy of the latest court order for our file.**

If there are other parent(s) than those listed on the first page to whom we should be sending emails, updates, and progress reports, please explain and list their contact information here:

IF LEGAL GUARDIAN IS NOT FILLING OUT THIS FORM:

If someone other than the parent/ legal guardian is filling out this form (example: a grandparent registering their grandchild for PREP), then a signed, dated letter of permission from the parent/legal guardian must be submitted along with the registration.

Signature of Parent / Legal Guardian below includes the following items:

EMERGENCY MEDICAL CARE

I give permission that my children whose names appear on the following pages of this form, may receive *emergency* medical care for injuries and all situations that may occur while participating in the Religious Education Programs and activities at Mother of Divine Providence Parish.

PHOTO RELEASE PERMISSION

I give permission for my children’s pictures to appear on Mother of Divine Providence website, bulletin boards, Archdiocesan publications, & etc. for events that happen in the program / parish *without their name*. (Ex. My child may appear in a class photo for First Communion, or with other students at a special PREP event photographed for the PREP website, etc)

CHILD’S NAME

I give permission for my child’s name to appear in the sacramental booklets for Mass at First Communion, Confirmation, and similar celebrations.

HANDBOOK

I will read the Parent Handbook posted at www.MDPparish.com and agree to abide by the requirements and expectations of Mother of Divine Providence Parish Religious Education Program. I will ensure that my child understands and follows the community standards for MDP PREP.

Signature of parent / legal guardian _____

Date: _____ Relationship to children: _____

NEW Child #1 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2017-18 _____ Entering School Grade in 2017-18 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School: _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

NEW Child #2 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2017-18 _____ Entering School Grade in 2017-18 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School: _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

*As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

NEW Child #3 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2017-18 _____ Entering School Grade in 2017-18 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School: _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

NEW Child #4 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2017-18 _____ Entering School Grade in 2017-18 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School: _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

*As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.



Parents... How can you help?



We need ALL FAMILIES supporting our PREP Program in some way. We have 240 kids in 19 classrooms, and sadly no “army of nuns” to teach for us! So please consider how you can contribute...

I can help WEEKLY:

Crowd Control - In the lobby & hallways (crowd control) **(DADS needed!)**

Special Needs buddy - 1:1 attention for our special needs students

Classroom Assistant – help hand out papers, tie shoes, take attendance, etc.

★ **Teaching** - In the classroom (teaching or assisting)

I can help OCCASIONALLY:

Medical Support - medical professionals – on-site for First Aid & Epi-Pens

Pageants – help with Costumes, coach Readers, chaperone Backstage!

Service Project Assistants – I would love to grow our service projects! Site leaders needed.

Name: _____ Over 18? _____

Best daytime phone number: _____ home / work / cell

Email: _____ Ever volunteer before?

I previously volunteered at: _____ Parish

Address _____ Number of years: _____

All volunteers will be asked to complete PA state background checks, child abuse checks, and a safety training program with the Archdiocese of Philadelphia. Thank you for helping to create a safe and dynamic environment for our children!