

Due date:
May 4th!

2016-2017 RELIGIOUS EDUCATION REGISTRATION

MOTHER OF DIVINE PROVIDENCE PARISH

333 Allendale Road, King of Prussia, PA 19406

Please return this form to MDP parish, Attn: Lauren Joyce, PREP Program

WEDNESDAYS 6:15 PM – 7:30 PM

SEPTEMBER - MAY

Questions? Contact: Lauren Joyce 610-337-2173 LJoyce@MdpParish.com

Family Last Name _____ Child's if Different _____

Address _____ Apt. # _____

Town _____ ZIP _____

Parent E-mail(s) _____

**MOST COMMUNICATIONS ARE SENT BY EMAIL!

Home Phone #, if any _____

Parent Cell Phone #(s) _____

Emergency Contact Name & #: _____

Father's First _____ Last _____ Religion _____

Mother's First _____ Maiden _____ Religion _____

If re-married – name of step-parent _____ Religion _____

Confidential Family Information [] Married [] Single Parent [] Widow/er
[] Separated [] Divorced [] Re-married

Doctor's Name _____ Phone _____

Parish of Registration:

[] MDP [] Other – Registered at _____

****If registered in another parish, we must have a letter of permission from your pastor each year.**

****Students will make sacraments in their parish of registration (Archdiocesan policy)**

We Are Here to Help the WHOLE Family! Please Check Any That Apply:

- [] We would like to hear more about how an adult can become Catholic (Catholic class for adults)
- [] We would like to hear more about how an adult Catholic can make up missed sacraments (Communion & Confirmation sacrament class for adults)
- [] We would like to hear more about getting our marriage blessed and/or the annulment process (Confidential, friendly visit with the pastor to listen to your story and discuss your options)
- [] We would like to meet with the pastor to discuss a private matter (Confidential, friendly visit with the pastor to listen to your story and discuss your options)
- [] We would like to hear more about youth group for our high school aged child(ren)

Tuition: \$135 for 1 child \$210 for 2 children \$260 for 3 or more children

Please choose a payment plan. Make checks payable to "MDP".

- Full tuition now (by May 4, 2016)
- Full tuition by first class (Sept 2016)
- ½ in Sept 2016, ½ in Feb 2017
- _____ Installments from Sept to Feb

Financial difficulty? Call Lauren at 610-337-2173 to discuss a solution. Ask about Scrip tuition gift certificates!

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 |

ADDITIONAL INFORMATION AND PERMISSIONS

Children's ethnic background (for annual pastoral report to the Archdiocese)

African-American Asian Caucasian Latino Other _____

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.**

Shared-custodial parent address _____ phone _____

Will shared-custodial parent bring / pick-up child? yes no

If not shared custody, describe extent: _____

May non-custodial parent pick up your child? yes no

Children reside with _____ Relationship _____

If the person responsible for the religious education of the children is NOT the parent, please explain: (Ex. If a grandparent or family friend is registering the child for PREP, etc)

Name _____ Phone (if different) _____

Relationship to children _____

Address (if different) _____

Parent / guardian must provide a signed, dated letter of permission to the DRE annually

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

EMERGENCY MEDICAL CARE

I give permission that, in my absence, my children whose names appear on the following pages of this registration 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 MDP bulletin, the website edition of that bulletin, and in event programs for awards and special sacraments. (Ex. Listing of child names in booklets for First Communion and Confirmation, etc)

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: _____

Note: we need a copy of all baptismal certificates, please!

First Student's Information

Child's Full Name: _____ M / F

Date of Birth: _____ City / State of Birth: _____

School attending in 2016-17 _____ Entering School Grade in 2016-17 _____

Baptism	Penance/Eucharist	Confirmation
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

Is there other information about your child that should be communicated to help our volunteer catechists work successfully with your child? _____

Second Student's Information

Child's Full Name: _____ M / F

Date of Birth: _____ City / State of Birth: _____

School attending in 2016-17 _____ Entering School Grade in 2016-17 _____

Baptism	Penance/Eucharist	Confirmation
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

Is there other information about your child that should be communicated to help our volunteer catechists work successfully with your child? _____

*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.

Third Student's Information

Child's Full Name: _____ M / F

Date of Birth: _____ City / State of Birth: _____

School attending in 2016-17 _____ Entering School Grade in 2016-17 _____

Baptism	Penance/Eucharist	Confirmation
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

Is there other information about your child that should be communicated to help our volunteer catechists work successfully with your child? _____

Fourth Student's Information

Child's Full Name: _____ M / F

Date of Birth: _____ City / State of Birth: _____

School attending in 2016-17 _____ Entering School Grade in 2016-17 _____

Baptism	Penance/Eucharist	Confirmation
Date		
Church		
City/ St.		

Previous Cath. Sch / Religious Edu. Program – Parish _____
Address _____ Years attended: _____

CONFIDENTIAL (may be shared confidentially with your child's catechist)

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services: _____

Individualized Education Program IEP: no yes *Additional information may be requested.*

Is there other information about your child that should be communicated to help our volunteer catechists work successfully with your child? _____

*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... Help!

We have MANY veteran catechists retiring this year... please consider getting involved in this important ministry!

We have over 250 children in 20 classrooms... please consider helping with this incredible PREP program we are developing at MDP! Many hands make light work!

My Availability:

Weekly Monthly Special Events (Christmas, Easter)

My Skills/Interests:

***NEW* New Family Welcome Team** – help welcome new PREP families!

***NEW* Service Projects** – parents needed to increase our PREP Service Projects!

Teaching - In the classroom (teaching or assisting)

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

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

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

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

Name: _____ Adult or teen? _____

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!