

7th-8th Grade PREP “Crash Course” - Theology of the Body

Six Wednesdays 6:15—7:30pm in the Fall Sept-Nov 2016, dates TBD

Student's Full Name: _____ M / F
Date of Birth: _____ School attending _____ Grade _____
Best phone: _____
Address _____ Apt. # _____
Town _____ ZIP _____
Parent E-mail(s): ***All parent communications will come via email!***

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

Emergency Contact(s)

Name _____ Phone _____
Relationship to child: _____
Name _____ Phone _____
Relationship to child: _____
Doctor's Name _____ Phone _____

o 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.

o I have read the Parent Handbook posted at www.MDPparish.com and agree to 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: _____

MEDICAL CONDITIONS / ALLERGIES / MEDICATIONS / ALERTS

ARE THERE ANY LEARNING SUPPORTS THAT YOUR CHILD NEEDS IN THE CLASSROOM? (YOU MAY SUBMIT AN IEP IF RELEVANT, OR EXPLAIN BRIEFLY HERE.)

Cost: \$25 per student per semester (fall/spring)
Checks payable to MDP. Return this form to Lauren Joyce, DRE!

9th—12th Grade yDisciple Youth Group Program

Frequent meetings / Days and times chosen by each small group

*****Return this form to Miss Joyce, who will contact you over the summer to pair your child with a small group for their age and gender. (Similar to a Bible Study.)*****

Student's Full Name: _____ M / F

Date of Birth: _____ School attending _____ Grade _____

Best phone: _____

Address _____ Apt. # _____

Town _____ ZIP _____

Parent E-mail(s): ***All parent communications will come via email!***

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

Emergency Contact(s)

Name _____ Phone _____

Relationship to child: _____

Name _____ Phone _____

Relationship to child: _____

Doctor's Name _____ Phone _____

☐ 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.

☐ I have read the Parent Handbook posted at www.MDPparish.com and agree to 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: _____

MEDICAL CONDITIONS / ALLERGIES / MEDICATIONS / ALERTS

ARE THERE ANY LEARNING SUPPORTS THAT YOUR CHILD NEEDS IN THE CLASSROOM? (YOU MAY SUBMIT AN IEP IF RELEVANT, OR EXPLAIN BRIEFLY HERE.)

<u>Cost:</u> no initial cost / some activities may have a small fee as needed
