



**Our Lady of Grace PREP**  
 Parish Religious Education Program  
 300 Hulmeville Avenue  
 Penndel, Pennsylvania 19047  
 (215) 757-5530

Family Name \_\_\_\_\_

**2018-2019 Registration Form  
 New Students Only**

1. Fill out all information.
2. Level One registrants must be in First Grade rather than Pre-First in Public School.
3. Sacraments require Two Consecutive Years of Religious Education.
4. **A copy of Baptismal certificate must be submitted.**
5. I give permission for my child's picture to appear on the OLG Website, PREP Facebook page, bulletin boards, and newspaper articles in relations to events that happen in the parish.
6. We hold PREP on Tuesday night. Choice of session depends upon the availability of Catechist and Class size.  
 Early session: \_\_\_ 4:30 – 5:45, Level K – 8<sup>th</sup>  
 Late session: \_\_\_ 6:45 – 8:00, Levels 1<sup>st</sup> – 8<sup>th</sup>
8. Volunteer Positions: Please check below:  
 \_\_\_ Catechist (will train)                      \_\_\_ Hall/Door Monitor                      \_\_\_ On-Call Substitute  
 \_\_\_ Classroom Aide                                      \_\_\_ Office Assistant                      \_\_\_ Not at this time
9. Please make checks payable to Our Lady of Grace.  
 \$175.00 – One Child  
 \$225.00 – Two Children  
 \$275.00 – Three or more

**Tuition Record**

Date \_\_\_\_\_

Amt. \_\_\_\_\_

CK# \_\_\_\_\_

Recorded By: \_\_\_\_\_

Office Use Only Child #1
Level _____
Room _____
Session _____

Office Use Only Child #1
Level _____
Room _____
Session _____

Office Use Only Child #1
Level _____
Room _____
Session _____

**FAMILY INFORMATION:** NAME OF PARISH YOU ARE CURRENTLY REGISTERED \_\_\_\_\_

FATHER'S LAST NAME \_\_\_\_\_ FATHER'S FIRST NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S LAST NAME \_\_\_\_\_ MOTHER'S FIRST NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_ RELIGION \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ FATHER CELL PHONE \_\_\_\_\_ MOTHER CELL PHONE \_\_\_\_\_

**FAMILY E-MAIL ADDRESS** \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_, WORK # \_\_\_\_\_ EXT. \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_, WORK # \_\_\_\_\_ EXT. \_\_\_\_\_

PARENTAL STATUS:        MARRIED        DIVORCED        SEPARATED        REMARRIED        SINGLE PARENT

CHILD(REN) LIVES WITH:        PARENTS        MOTHER        FATHER        GUARDIAN        S TEP PARENT

**EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN** NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT(S) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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**STUDENT INFORMATION #1**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY SCHOOL (Fall 2018) \_\_\_\_\_, GRADE (Fall 2018) \_\_\_\_\_

SCHOOL OF RELIGIOUS ED. \_\_\_\_\_ LEVEL COMPLETED \_\_\_\_\_ -(Spring 2018)

PARISH OF BAPTISM \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALLERGIES, PHYSICAL OR LEARNING DISABILITIES, OR OTHER PERTINENT INFORMTION:

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**STUDENT INFORMATION #2**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRIMARY SCHOOL (Fall 2018) \_\_\_\_\_, GRADE (Fall 2018) \_\_\_\_\_

SCHOOL OF RELIGIOUS ED. \_\_\_\_\_ LEVEL COMPLETED \_\_\_\_\_ -(Spring 2018)

PARISH OF BAPTISM \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALLERGIES, PHYSICAL OR LEARNING DISABILITIES, OR OTHER PERTINENT INFORMTION:

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**STUDENT INFORMATION #3**

LAST NAME FIRST NAME MIDDLE GENDER DATE OF BIRTH

PRIMARY SCHOOL (Fall 2018) \_\_\_\_\_, GRADE (Fall 2018) \_\_\_\_\_

SCHOOL OF RELIGIOUS ED. \_\_\_\_\_, LEVEL COMPLETED \_\_\_\_\_ - (Spring 2018)

PARISH OF BAPTISM \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALLERGIES, PHYSICAL OR LEARNING DISABILITIES, OR OTHER PERTINENT INFORMTION:

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**STUDENT INFORMATION #4**

LAST NAME FIRST NAME MIDDLE GENDER DATE OF BIRTH

PRIMARY SCHOOL (Fall 2018) \_\_\_\_\_, GRADE (Fall 2018) \_\_\_\_\_

SCHOOL OF RELIGIOUS ED. \_\_\_\_\_, LEVEL COMPLETED \_\_\_\_\_ - (Spring 2018)

PARISH OF BAPTISM \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALLERGIES, PHYSICAL OR LEARNING DISABILITIES, OR OTHER PERTINENT INFORMTION:

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