



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

Family Name _____

2018-2019 Re-Registration Form

1. Complete the information on the second page.
2. A copy of Baptismal certificate must be submitted if not already on file.
3. Session Preference: Choice of session depends upon the availability of Catechists and class size.

Tuesday, Early session: ____ 4:30 – 5:45, Level K – 8th
 Tuesday, Late session: ____ 6:45– 8:00, Levels 1st – 8th

4. 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.
5. Volunteer Positions: Please check below:

<input type="checkbox"/> Catechist (will train)	<input type="checkbox"/> Hall/Door Monitor	<input type="checkbox"/> On-Call Substitute
<input type="checkbox"/> Classroom Aide	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Not at this time
6. Please make checks payable to Our Lady of Grace.
 - \$225.00 – One Child
 - \$275.00 – Two Children
 - \$325.00 – Three or more

Deduct \$50.00 from above totals for early registration discount. (Must be received by May 1 2018)

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

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

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

Tuition Record

Date _____

Amt. _____

CK# _____

Recorded By: _____

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 _____

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:

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:

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:

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:
