



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

Family Name _____

2019-2020 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.

Weekly PREP

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

Summer PREP

June 24 to 28
 ___ 8:00AM to 2:30PM

Family PREP---Sundays, Once a month. _____ (Dates to be advised)

*****In order to register for the Summer or Family program, one Parent must have attended the information meeting.*****

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:

___ Catechist (will train) ___ Hall/Door Monitor ___ On-Call Substitute
 ___ Classroom Aide ___ Office Assistant ___ 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 7, 2019)

No Exceptions

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 STEP 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 2019) _____, GRADE (Fall 2019) _____

SCHOOL OF RELIGIOUS ED. _____ LEVEL COMPLETED _____ -(Spring 2019)

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 2019) _____, GRADE (Fall 2019) _____

SCHOOL OF RELIGIOUS ED. _____ LEVEL COMPLETED _____ -(Spring 2019)

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 2019) _____, GRADE (Fall 2019) _____
SCHOOL OF RELIGIOUS ED. _____, LEVEL COMPLETED _____ - (Spring 2019)
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 2019) _____, GRADE (Fall 2019) _____
SCHOOL OF RELIGIOUS ED. _____, LEVEL COMPLETED _____ - (Spring 2019)
PARISH OF BAPTISM _____ CITY/STATE _____ DATE ____ / ____ / ____
ALLERGIES, PHYSICAL OR LEARNING DISABILITIES, OR OTHER PERTINENT INFORMTION:
