

PARISH OF SAINT MICHAEL THE ARCHANGEL

Clayton / Franklinville, New Jersey
Parish Religious Education Program

PREP Registration 2019-2020

(Please **PRINT** legibly to help avoid errors.)

FAMILY INFORMATION:

Family Name: _____

Family Address: _____

Home Telephone: _____ Family e-mail: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

FAMILY INFORMATION:

PREP GRADES K-5 (Grade Information as of September 2019)

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Youth GRADES 6-8 (Grade Information as of September 2019)

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

Last Name: _____ First Name: _____ Grade: _____ Gender: M F

(over, please)

ADDITIONAL STUDENT INFORMATION:

The child(ren) named below have medical conditions that the teaching staff should know. *(Please attach additional pages if necessary.)*

The child(ren) named below have an IEP or 504 Transition Plan prepared by a public school district. This plan states that the child learns best when the following adaptations are provided *(Please attach additional pages if necessary)*.

YOUTH PHOTOGRAPHY PERMISSION – On occasion the parish may take pictures for publication in newspapers, newsletters, electronic media, bulletin board, etc. of our PREP and Youth activities. Do you give permission for the child(ren) named on this registration form to use their picture(s)?

Yes: _____ No: _____

PARISH RELIGIOUS EDUCATION PROGRAM – *My signature indicates that I desire my child(ren) to attend Sunday classes that I will assume responsibility for the regular attendance of my child(ren) at all religious education sessions and weekly Mass.*

Parent Signature

Date

HOME SCHOOL PARISH PROGRAM – *My signature indicates that I desire my child(ren) to be enrolled in the Religious Education Home School program and I take responsibility for completing the prescribed program as defined by the Parish.*

Parent Signature

Date

FOR NEW REGISTRANTS ONLY – On a separate page, please list the name of each child, the dates of Baptism, and, if appropriate, the dates of First Penance, and Eucharist. A copy of the child's Baptismal Certificate with any notations is needed with this registration for all students new to the program.

For Office Use Only:

PSMA Code of Conduct and Agreement signed _____