St. Agnes/Ss. Peter & Paul
Parish Religious Education Program (PREP)
REGISTRATION FORM FOR NEW STUDENTS
2023 - 2024

Name of Child _____**Age** _____

Date of Birth _____

Address _____

_____**Zip Code** _____

Home Phone _____ **Parent's**
Cell# _____

E-Mail Address _____

School Attending _____**Grade** _____

Name of Parish the Family is Registered With _____

Child's Disability (If Applicable) _____

Name of Parents/Guardians Child Lives With:

_____

Mother's Name _____**Religion** _____

Father's Name _____**Religion** _____

If Child Lives With Guardian, What Is Your Relationship to Child?

_____

****

EMERGENCY CONTACT INFORMATION

Mother's Contact Numbers (If Different Than Under Child Information)

Home Phone #_____**Cell#**_____

Father's Contact Numbers (If Different Than Under Child Information)

Home Phone #_____**Cell#**_____

Emergency Contact Other Than Parent(s)

Name_____**Relation to Child** _____**Phone**_____

Name_____**Relation to Child** _____**Phone**_____

Sacraments Child Has Received

Baptism   Yes___ No ___ Church_____Date _____

Eucharist   Yes___ No ___   Church_____Date _____

Reconciliation   Yes___ No ___ Church_____Date _____

Confirmation   Yes___ No ___ Church_____Date _____

Does Your Child Have Any Allergies and/or Special Food Restrictions?

_____
_____
_____

**Does Your Child Take Any Type of Medication That We Need To Be Aware Of?
(Ex: inhalers for asthma or insulin, etc.)   YES _____ NO ____**

_____
_____
_____

Other Medical Considerations:

     Seizures   **_____**   **How Often (If Applicable)**
     Motor Difficulties _____
     Other   **_____**

Are There Any Other Person(s) Permitted To Pick Up Your Child From Class Activities? If Yes, Please List Them Below.

Name_____Relation to Child _____Phone_____

Name_____Relation to Child _____Phone_____

NOTE: If anyone other than a parent/guardian will be picking up the child from any activity, a note must be provided when the child comes to class or activity, so that we are aware of the change, and also so we have this information for our records. This precautionary measure is taken for the safety and well-being of your child.

_____   _____
Signature of Parent/Guardian   **Date**

Safe Environment In-Servicing
(Sign this section ONLY if you DO NOT want in-servicing for your child)

Our religious education program is mandated by the Bishops of the United States to in-service all students annually regarding Safe Environment. Your student will receive this in-service sometime during this catechetical year. If you **DO NOT** want your student to participate, please sign below. Your student will be withheld from the program when it is presented. Thank you.

_____   _____
Signature of Parent/Guardian   **Date**