



Our Lady of Peace

Religious Prep Program 2017-2018

PLEASE Fill IN ALL INFORMATION

DO NOT PRINT IN THIS SAPCE

Cash___ Check #_____

Amount_____ Level_____

Students

Name_____M___F_____

First

Middle

Last

Address_____Telephone_____

Post Office _____ State _____ Zip Code_____

Baptism certificate supplied Yes___No_____ Date of Birth_____

PLEASE READ COMPLETELY BEFOR SIGNING

Baptism certificates are required prior to a Sacrament and for first grade unless child was baptized at OLP/ND. Students not registered in OLP that wish to attend our prep program must receive permission from their parish and must reapply for permission if a sacrament is to be made. Check with director for more information. A student missing 4 classes without good reason will repeat the year. Regular Mass attendance is required. Archdiocese ruling is that a student must attend two years in Prep or Catholic School prior to a sacrament.

Are you registered Yes___No___ If **not** do you have permission from **your** parish Yes___No_____

Grade as of September 2017 _____ Religious Prep grade attended **last year**_____

Fathers Name _____ Religion _____ E Mail _____

Mothers Name _____ Madian Name _____ Religion _____

Sacraments please fill out parish and also city even it is OLP or ND. Also exact dates if you recall.

Yes No

Parish

City

State

Date

Baptized _____

Eucharist _____

Reconciliation _____

Confirmation _____

In an emergency during class whom should we call?

Name _____ Telephone or cell number _____

Tuition for one student is \$125.00 per family \$200.00 late charges may be incurred. Tuition includes books and supplies only does not include any additional sacramental fee incurred.

Volunteer's needed if you are wiling to help please check.....

Teacher for prep___ Class room Aid___ Aids, Hall monitors etc ___ Aid for special ed child in class___

Parents Signature _____ Dare _____

If your child has any disabilities, allergies please explain on reverse side.....

Check here _____



Consent for Medical Care

I give my permission that in my absence, my child whose name appears on the reverse side of this form may receive emergency medical care from injuries and all situations that should occur while participating in the Religious Education programs and activities at Our Lady of Peace Church and or Notre Dame De Lourdes Worship site.

Signed (Parent/Legal Guardian) _____ Date _____

Disability/Learning Support Service	Medical Conditions/Allergies	Prescribe Medications
--	------------------------------	-----------------------

If any of the above apply to your child, give details in the appropriate space.

Is there other information about your child that should be communicated?

*In the effect to provide your child a safe learning environment the Diocese now requires background checks and child abuse clearance on any adult working with children. If you are interested in being a classroom aid, sub or teacher for our Prep Program contact Mrs. Beinlich at 610-405-1887 or Mr. Pepe 610-544-3022
Thank you in advance for letting us be a part of your Child's spiritual journey.