*FOR OFFICE ONLY: Date: \_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Tuition Paid: Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Env. # \_\_\_\_\_\_\_\_\_\_*

**OUR LADY OF FATIMA PARISH**

**RELIGIOUS EDUCATION REGISTRATION (PREP) – 2024 - 2025**

Please complete entire form for each child registered. All documentation fees must be returned together at the time of Registration. Copies of Baptismal Certificate not baptized in St. Joseph Church/Jesus the Lord Church.

Please make checks payable to **Our Lady of Fatima Parish**

**Tuesday Nights - 6pm to 7pm**  **Grades 1-7 Confirmation – Grade 8 ONLY**  

**Sunday – 10:30am – 11:30am Grades 1-7 Tuesday Only 6-7pm**

**Thurs. Nights 6:30pm – 7:30pm**  **Teen RCIA**

**\*\* Classes start September 15th, 2024 \*\***

 I would like to assist as a Teacher/Catechist, Classroom Aide, Hall Monitor (Please circle)

**Volunteers will receive their fee back once documentation has been completed, at end of semester.**

All volunteers must complete Virtus Training and Fingerprinting required by the Diocese of Trenton.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EARLY REGISTRATION**  **April 1st – JUNE 15** | **REGULAR REGISTRATION**  **Until September 14th** | **LATE REGISTRATION Until October 15th** | **LATE FEES AFTER SEPTEMBER 1** |
| 1 Child in family –Grade 1-8 | $ 125.00 | $150.00 | 200.00 | 175. 00 |
| 2 Children in family-Grade 1-8 | $ 200.00 | $225.00 | 275.00 | 200.00 |
| 3 or more Children in family- Grade 1-8 | $ 275.00 | $300.00 | 350.00 | 225.00 |
| **8th Grade Only**  **Confirmation 2017 Class** | No additional Fee  Paid-January, 2017 | **N/A** |  | **N/A** |

**APPLICATIONS WILL NOT BE RECEIVED AFTER OCTOBER 15th. NO EXCEPTIONS!**

Child’s **Legal** Name: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in **PREP** in Sept**.\_\_\_\_\_\_\_\_\_\_\_\_\_** Child’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY NAME: (If different from above) Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Name: \_\_\_\_\_\_\_\_\_\_\_(Maiden Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child resides with Both Parents: \_\_\_\_\_\_\_\_\_\_\_ Mom \_\_\_\_\_\_\_\_\_\_\_ Dad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_

\*Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (\*Name of Guardian and Relationship – a copy of all legal documents is required)

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARISH OF REGISTRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please complete the following for ALL students – A form must be completed for each student in the program.***

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mom Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dad Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary e-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION:**

Does your child have learning needs?

**Learning Disability – Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Other* – Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your child has any medical conditions please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Epi-pen or Inhaler – parent must fill out a medical form signed by parent and doctor. NO EXCEPTIONS)

Are there any other special instructions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siblings in PREP: NO\_\_\_\_\_\_\_\_ YES\_\_\_\_\_\_\_\_\_\_\_ Names & Grades \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Baptized at St. Joseph Church, Keyport,  Jesus The Lord Church, Keyport Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptism Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Name & Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Eucharist Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Name & Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last PREP attended (Parish Name & Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades completed in Religious Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/LEGAL GUARDIAN SIGNATURE DATE**

**POLICY AGREEMENT**

***These forms must be read, signed and returned to the PREP Office at the time of Registration. These forms are required for each child in the program. Registration will not be completed without the return of all forms.***

I understand that the Policy of Our Lady of Fatima Parish is that children with more than three unexcused absences risk having to repeat the grade the following year. All absences due to illness must have a doctor’s note to be excused.

I understand that **acceptable behavior** is required, and that chronic disruptive behavior will result in the student being removed from the program.

I will access the webpage and my email weekly for **PREP** notices and yearly calendar. I will check the webpage **on the day of class** in the event of an emergency closing.

**2nd Grade Only** - I will attend the mandatory “First Communion” parent meeting(s) as determined by the Religious Education Co-Ordinator). These will be posted on the webpage in October 2024.

**8th Grade Only -** I will attend the mandatory “Confirmation” meetings as determined by the Religious Education Coordinator. My child will attend the mandatory retreats and other programs as determined by the Religious Education Coordinator. These will be posted on the webpage in October 2024.

I hereby request that my child(ren) participate in Religious Education classes at Our Lady of Fatima Parish during the 2024-25 school year. It is my intention to take responsibility for my child’s attendance at weekly Sunday Mass and frequent reception of the Sacrament of Penance/Reconciliation. I understand that in registering for PREP, I take responsibility for the commitment our family is making to Our Lady of Fatima Parish**. I further agree that Religious Education will be a priority in our family and no other activities will be scheduled that will interfere with my child’s commitment to attending PREP class.**

**PROMOTIONAL RELEASE:**

I consent to the use of any videotapes and / or photographs in which my child may appear by the Diocese of Trenton and /or the parish. I understand that these materials are being used for promotion of the Parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

I do not consent to having my child appear in photos / videos while attending Prep.

***I have carefully read, understand and agree to the PREP policies listed above and I have read the Religious Education Handbook.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Parent/Legal Guardian Signature Date