

****PREP REGISTRATION****

MOTHER OF DIVINE PROVIDENCE PARISH

FAMILY NAME:

Please complete this form and verify that any pre-filled information is still correct.

Make any changes directly to the form as needed.

Completed forms can be handed in to catechists during PREP, dropped off at the Parish Office to the attention of the PREP Program or mailed to:

**Rachel Quillen, DRE
MDP Parish Office
333 Allendale Road
King of Prussia, PA 19406**

Questions? Contact us at 610-337-2173 or rquillen@mdpparish.com

REMINDERS - PREP is held Wednesday Nights from 6:15-7:30pm from Sept-May.

We intend to return next year for the Wednesday Night PREP Classes

NEW THIS YEAR – Family Faith Program to be held Sunday mornings 1-2 times a month Sept-May. Are you interested in learning more about this program as an **alternative** to Wednesday night PREP?

Yes Not at this time

TUITION - \$140 for 1 child

\$215 for 2 children

\$265 for 3 or more children

Please make checks to “MDP.”

Minimum of \$50 due October 1st.

Financial aid is available – just ask!

Any remaining balance is due on or before February 1st.

PLEASE DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Amount \$ _____	Check # _____	Check Date _____
Amount \$ _____	Check # _____	Check Date _____
Amount \$ _____	Check # _____	Check Date _____

Family Name:

Parish of Registration: _____

Parent Marital Status: _____ If married, married in the Church? Yes / No

We would like more information about having our marriage blessed or annulled.

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Relationship to Student(s):	Relationship to Student(s):
Address:	Address:

Family Phone Numbers:	Family Email(s):
Please note that nearly all PREP Communications will come via email.	

Emergency Contacts (other than parents/guardians):

Please list anyone (other than parents/guardians) who can be contacted in the event of an emergency.

NAME	Relationship to Child	Cell

SAFE DRIVERS for PICK-UP

Please list anyone (in addition to parents/guardians and emergency contacts listed above) who may pick up your child from PREP. (Grandparents, babysitters, neighbors, etc.)

NAME	Relationship to Child	Cell

Is there someone who specifically may NOT pick up your child? (We only release children to the "safe drivers" listed above. But if there is a history or danger of non-custodial parents or others trying to pick up a child illegally please alert us and submit the legal documents involved.)

CUSTODY / LEGAL ARRANGEMENTS

Are there any custody / legal arrangements that we should know about? yes no
Please provide a *complete* copy of the *latest* court order for our file.

If there are other parent(s) than those listed on the first page to whom we should be sending emails, updates, and progress reports, please explain and list their contact information here:

IF LEGAL GUARDIAN IS NOT FILLING OUT THIS FORM:

If someone other than the parent/ legal guardian is filling out this form (example: a grandparent registering their grandchild for PREP), then a signed, dated letter of permission from the parent/legal guardian must be submitted along with the registration.

Signature of Parent / Legal Guardian below includes the following items:

EMERGENCY MEDICAL CARE

I give permission that my children whose names appear on the following pages of this form, may receive *emergency* medical care for injuries and all situations that may occur while participating in the Religious Education Programs and activities at Mother of Divine Providence Parish.

PHOTO RELEASE PERMISSION

I give permission for my children's pictures to appear on Mother of Divine Providence website, bulletin boards, Archdiocesan publications, & etc. for events that happen in the program / parish *without their name*. (Ex. My child may appear in a class photo for First Communion, or with other students at a special PREP event photographed for the PREP website, etc)

CHILD'S NAME

I give permission for my child's name to appear in the sacramental booklets for Mass at First Communion, Confirmation, and similar celebrations.

HANDBOOK

I will read the Parent Handbook posted at www.MDPparish.com and agree to abide by the requirements and expectations of Mother of Divine Providence Parish Religious Education Program. I will ensure that my child understands and follows the community standards for MDP PREP.

Signature of parent / legal guardian _____ Date: _____

Child #1 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2019/20 _____ Entering School Grade in 2019/20 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School (other than MDP or MTC): _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

Child #2 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2019/20 _____ Entering School Grade in 2019/20 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School (other than MDP or MTC): _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

*As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

Child #3 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2019/20 _____ Entering School Grade in 2019/20 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School (other than MDP or MTC): _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

Child #4 Information

Child's Full Name: _____ M / F
Date of Birth: _____ City / State of Birth: _____
Ethnicity (needed for Archdiocesan report): _____
School attending in 2019/20 _____ Entering School Grade in 2019/20 _____

	BAPTISM	RECONCILIATION	FIRST COMMUNION
DATE			
PARISH			
CITY, STATE			

Previous CCD/PREP or Catholic School (other than MDP or MTC): _____
City, State: _____ Years attended: _____

Medical Conditions/ Allergies: _____

Prescribed Medications: _____

Disability* / Learning Support Services / IEP (please submit a copy of the IEP)

Any other notes we should know? _____

*As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special educ

Thank You!