

**Saints Philip and James**  
**Religious Education Program**  
**Re-registration**  
**2018-2018**  
**Levels K to 6**

**PLEASE COMPLETE THIS RE-REGISTRATION FORM IF YOUR CHILD ATTENDED PREP AT SSPJ IN 2017-2018.**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade in September, 2017 \_\_\_\_\_ School \_\_\_\_\_

Has your address changed in the past year? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please complete address below.

\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Cell \_\_\_\_\_

Primary email address: \_\_\_\_\_

Second email address (if you wish communication sent to another address): \_\_\_\_\_

Child resides with: \_\_\_\_\_ both parents

\_\_\_\_\_ both parents part-time (shared custody)

\_\_\_\_\_ mother only \_\_\_\_\_ father only \_\_\_\_\_ guardian

Is there a custody agreement? \_\_\_\_\_ YES \_\_\_\_\_ NO

If there is a custody agreement, please provide the Religious Education Office with a copy. This will be confidential.

**EMERGENCY CONTACT INFORMATION**

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Consent for Medical Care:**

I give permission that, in my absence, my child, whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program at SS. Philip and James Parish.

Signed \_\_\_\_\_ (Parent or Guardian)

Please describe any medical conditions or allergies—

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have a disability? \*

\_\_\_\_\_  
\_\_\_\_\_

\* As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child: "with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), 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

**PHOTO PERMISSION**

I give permission for my child's picture to be displayed:

In the Church Bulletin (Bulletin is available online as well as print.)  Yes  No

On the PREP Facebook page  Yes  No

In the Narthex of Church  Yes  No

Parent/Guardian Signature \_\_\_\_\_

**PLEASE COMPLETE CLASS PREFERENCE ON THE NEXT PAGE.**

**CLASS TIME/DAY PREFERENCE**

*Please check the time you prefer your child to attend class.*

**LEVEL K**

\_\_\_\_\_ Sunday 10:30 to 11:30

**LEVEL 1**

\_\_\_\_\_ Family-Based Catechesis (Pilot Program level one only)

\_\_\_\_\_ Tuesday 4:15-5:30 (Level one only)

\_\_\_\_\_ Tuesday 6:30 to 7:45

\_\_\_\_\_ Wednesday 6:30 to 7:45

**LEVELS 2 THROUGH 6.**

\_\_\_\_\_ Tuesday 6:30 to 7:45

\_\_\_\_\_ Wednesday 6:30 to 7:45

**PLEASE RETURN ALL FOUR PAGES OF THIS THIS COMPLETED FORM TO:**

**ATTENTION: SISTER MARY ANN SPAETTI, IHM  
RELIGIOUS EDUCATION OFFICE  
721 E. LINCOLN HIGHWAY EXTON, PA 19341.**

***THE FORM MAY BE DROPPED AT SS. PHILIP AND JAMES SCHOOL OR SS. PHILIP AND JAMES RECTORY.***

**PLEASE COMPLETE THE SEPARATE FEE FORM AND RETURN IT WITH YOUR PAYMENT.**