

St. Mary of the Assumption Parish  
212 Dayton Street Phoenixville, PA 19460  
610-933-3311 (PREP Office)  
bhritz@stmaryassumption.org (PREP email)  
Questions?? Contact Barbara Hritz (CRE) or Linda Gorman (Assistant CRE)

**Section A: Parent Information**

Father (first and last name) \_\_\_\_\_ Religion \_\_\_\_\_

Mother (first & last name) \_\_\_\_\_ Religion \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Home Phone (father) \_\_\_\_\_ (mother-if different) \_\_\_\_\_

Cell Phone (father) \_\_\_\_\_ Cell Phone (mother) \_\_\_\_\_

Are there any custody/legal issues? \_\_\_ Yes \_\_\_ No If yes, please provide a copy of the most recent court documents if applicable – Full name of Stepparent/Guardian.

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We are registered parishioners of St. Mary \_\_\_ Yes \_\_\_ No-our parish is \_\_\_\_\_

**Section B: Family Information**

Send mailings to (Name) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact (if parent cannot be reached) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to family/child: \_\_\_\_\_

**Section C: Family Tuition Fees: All families are required to pay \$25 weekly in the parish envelope or through online giving**

**Section D: Faith Formation**

\_\_\_ Home School \_\_\_ PREP (2 weeks-Monday thru Friday) \_\_\_ Holy Family \_\_\_ Field Trip Only  
8AM to 11:30AM

**Section E: Student(s) Information**

Child's Formal Name \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male/Female

School \_\_\_\_\_ Grade (at school in September) \_\_\_\_\_

Last level completed in Religious Education: \_\_\_\_\_ Level child is to be enrolled for Religious Ed \_\_\_\_\_

Last Level of Religious Education was completed (where – parish or school if not St. Mary's):

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Help us provide the best faith formation possible for your child by letting us know about the special circumstances in the child's life that can have an impact in a classroom setting. Does your child receive learning support in school, take medication on a regular basis or has your child recently experienced a life altering event (death, divorce, recent move)? \_\_\_\_\_ If yes, please describe.

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Baptismal Information: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parents' Names as recorded on Baptismal Certificate: Father: \_\_\_\_\_

Mother (include Maiden name): \_\_\_\_\_

If not baptized in St. Mary's Parish, you must attach a copy of the Baptismal Certificate for our records. **First time registration only** or if not previously provided.

Has child received the following sacraments?

Reconciliation: Yes/No Eucharist Yes/No Confirmation: Yes/No

Please provide date and parish received (if not St. Mary's):

Reconciliation: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_

**Please fill out one sheet (Section E) for each child in the religious education program.**

**Section F: Parent Signature required**

I will read the Parent Handbook made available at Family Orientation and agree to the requirements and expectations of the St. Mary's Religious Education Program. I give permission for my child's picture (with the understanding that my child(ren) will not be identified by name) to appear on the church bulletin boards, local newspaper advertisements or articles, and St. Mary's web page in relation to events that happen in the parish. I understand that in Sacramental years my child's full name will be printed in the mass booklet. I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program, programs and activities at Mary of the Assumption Parish.

Communication to you through Flocknote:

(Print Clearly)

Parents E-Mail \_\_\_\_\_

Parents Cell \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_