



St. Mary of the Assumption Parish
212 Dayton Street, Phoenixville, PA 19460
610.933.2526 or parishoffice@stmaryassumption

School Year:

PARISH RELIGION EDUCATION PROGRAM (PREP) APPLICATION

	___/___/2020	Child	Mother/Guardian	Father/Guardian
NAME	First			
	Middle			
	Last			
	Maiden			
	If parents are separated, who has Primary Custody of the minor child? Please provide a copy of the most recent court document to support custody agreement.		Yes or No or Both	Yes or No or Both
CONTACT INFO	Street Address			
	City			
	State, Zip Code			
	Phone-cell			
	Phone – work/alt			
	Email			
	Emergency Contact 1		Emergency Contact Phone 1	
	Emergency Contact 2		Emergency Contact Phone 2	
	How is emergency contact 1 related to student?		How is emergency contact 2 related to student?	
CHURCH	Religion?			
	Parishioner Y/N?			
	Church?			
	Date of Birth			
	Baptism date?			
	Baptism church?			
If not baptized at St. Mary’s Parish, a copy of the student’s Baptismal certificate must be provided in advance of PREP training.				
STUDENT	Current school		Home schooled?	Yes or No
	Current grade			
	Last level completed in religious education?		Where was previous religious education completed? Church/loc/date	
	Specify any learning concerns			
	Specify any medical concerns	Yes or No	If yes, please complete the medical section on page 2 of this application.	

Family Tuition Fees

	Early Registration	Late Registration *
1 child	\$150	\$175
2 + children	\$225	\$250
1 home schooled	\$100	\$125
2 + home schooled children	\$175	\$200

**Late fees are applied after the April 12, 2020.*

Parent/Guardian,

I will read the Parent Handbook made available at Family Orientation and agree to the requirements and expectations of the St. Mary's Parish PREP and Sacramental Program.

_____ I give permission

_____ I do not give permission

for my child's picture (with the understanding that my child 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 child whose name appears on this application form, may receive emergency medical care for injuries and all situations that should occur while participating in the Confirmation Program, programs and activities at St. Mary of the Assumption Parish.

Parent Name (printed): _____

Parent Signature: _____

Date: _____

COSTS

PARENT/GUARDIAN PHOTO (REQUIRED)

MEDICAL (REQUIRED)

Does your child have any medical conditions (s) (diabetes, cardias, seizures, etc.) that our staff should know about?	Yes or No	If yes, please explain:
Does your child have any food allergies or food limitations that might be a concern?	Yes or No	If yes, please explain:
Does your child have any physical limitations?	Yes or No	If yes, please explain:
If your child is taking medications, is there anything we should be aware of?	Yes or No	If yes, please explain:
Are there any other health issues that you want us to know about?	Yes or No	If yes, please explain:

Parent Name (printed): _____

Parent Signature: _____

Date: _____

- ✓ Parents/Guardians are responsible for accurately completing all sections of this form.
- ✓ Form must be completed in ink and legible.
- ✓ Form is due to Barbara Hritz .

**Tuition checks should be made payable to: [St. Mary of the Assumption Parish](#)
[This form and tuition check must be returned by 04/12/2020 to receive early registration discount.](#)**

3 ways to submit form and fees:

Mail to: St. Mary of the Assumption Parish Attn: PREP 212 Dayton Street Phoenixville, PA 19460	Drop off at Rectory: Put form and check in envelope marked: PREP	Drop in Collection Basket: Put form and check in envelope marked: PREP
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**Questions regarding PREP should be directed to Mrs. Barbara Hritz at
610.489.4167**