

STUDENT REGISTRATION FORM
PREP (*Parish Religious Education Program*)
St. Agnes, St. Aloysius, St. Mary Magdalene Parishes
 c/o 473 S. Roys Ave., Columbus, OH 43204

Student Information

Student's First Name	Student's Last Name	Gender	Birth date	Name of School and Current Grade	Circle the Sacraments the child HAS already received: Baptism (B)* Reconciliation (R) Eucharist (E) Confirmation (C)
1		M or F			B R E C
2		M or F			B R E C
3		M or F			B R E C
4		M or F			B R E C

***A copy of the Baptismal Certificate is required if not Baptized at St. Mary Magdalene, St. Agnes or St. Aloysius**

What Parish are you registered in? _____

Has your child/children previously attended Religious Education classes? Yes No Where? _____

Child lives with: (circle One) Mother Father Both Other _____

Parent/Guardian Information

Father's Name _____ Religion _____
 Last First Middle

Address _____
 Street City Zip

Work Phone _____ Cell Phone _____ email address _____

Mother's Name _____ Religion _____
 Last First Middle (Maiden Name)

Address (if different) _____
 Street City Zip

Work Phone _____ Cell Phone _____ email address _____

This student may only be released to the following persons:

1) _____, 2) _____, or 3) _____

EMERGENCY CONTACT (Someone other than parents)

Name _____ Relationship _____
 Home Phone _____ Cell Phone _____

Name _____ Relationship _____
 Phone _____ Cell Phone _____

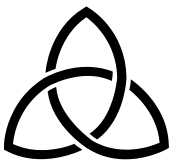
Special Medical / Educational Needs

Examples include: ADD/ADHD, Autism, Behavioral / Emotional disturbance, Speech or language impairment, Developmental disabilities, Hearing Impairment (including deafness), Learning Disabilities, Visual Impairment (including blindness), Reading difficulties, Orthopedic (unable to use stairs), Traumatic brain injury, Child needs individual aid in class

Student's Name	Special Need	Food Allergies	Medications Taken Regularly
1			
2			
3			
4			

Other health concerns: _____

Please complete both sides of this form.



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Code of Behavior

1. Students must stay and participate in the entire event. Students may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Students must heed any and all directions of Religious Education staff.
5. Students must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the students involved and the student's parents/legal guardians.
6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending students from the premises, and the parents/legal guardians shall immediately comply with the request.

Parent Agreement: I have read this form and I understand the content and purpose. I further understand that it is necessary that any complaint of harassment must be filed with the a) Director of Religious Education, b) pastor, or c) Diocesan Director of Religious Education.

Release of Personally Identifiable Information: The undersigned parent(s) of the student named on page 1 of this application hereby consent to the release of photographs and named minor to be used by PREP for future promotional programs of St. Agnes, St. Mary Magdalene and St. Aloysius Parishes and the Diocese of Columbus.

Medical Authorization: In case of emergency, I understand the Religious Education staff will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release the Religious Education staff and volunteers from all liability of any kind which may arise from such emergency.

Agreement to Handbook: I have read and agree to follow all procedures, guidelines and policies stated in the Handbook.

Mass Participation: I agree to take my child to weekly Mass at our Parish.

I give permission to publish our names and phone number in the Student Directory **(circle one) Yes No**

Student (1) Signature _____ Date _____

Student (2) Signature _____ Date _____

Student (3) Signature _____ Date _____

Student (4) Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

OFFICE USE ONLY

Amount		Date	Cash/Check #	Dt 1st Notice	Dt 2nd Notice	Office Initials
\$	Paid Waived					

Please complete both sides of this form.