

For Office Use
Family Name: _____
Amt Pd _____ Cash__ Check#_____

**St. Jerome Church PREP(CCD)
2024-2025 Re-Registration Form
Classes are June 17-21, 2024**

Fees 2024-2025 \$150

Return to the Rectory by March 3, 2024

This form is only for children returning to PREP. Families with a new student, please register all children on the New Student Registration form.

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____

CELL PHONE _____ E-MAIL: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

CUSTODY: Are there any custody/legal issues? yes no (If yes, please provide a copy of the latest court order.)

Consent For Medical Care: I give permission, in my absence, my children whose names appear on the registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the PREP and activities at St. Jerome Church.

Parent/Legal Guardian Signature _____ Date: _____

Promotional/Virtual/Recording Release: I consent for my child(ren)'s name and/or image to appear in printed and web-based materials, synchronous remote learning which may be recorded and posted on the parish website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Parent/Legal Guardian Signature _____ Date: _____

For the 2024 – 2025 School Year
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Child's Name	PREP Level 24-25	School Grade 24-25	Academic School	Allergies/Conditions/Medications	Learning Support Services IEP	Immunization Up to date
						Yes or No
						Yes or No
						Yes or No
						Yes or No

Person responsible for RE if not a Parent/Legal Guardian _____ Relationship _____

If Parent/guardian is not responsible they must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

By signing below, I/We agree to fulfill the requirements of St. Jerome PREP as described in the Religious Education Handbook. I understand that in addition to the 30 hours of instruction in the summer and regular weekend Mass attendance, my family will participate in the Family Formation Sessions, 5 Service activities, and 5 Spiritual activities. If we have a child receiving a sacrament(s) this year, I understand there is additional home-based preparation and meetings that we need to complete and attend.

Signature of Parent/Guardian _____ Date: _____