



**Cathedral Parish of St. Patrick
Parish Religious Education Program (PREP)
Registration 2011-2012**

Please include information for your children in grades 1-12 who will be attending our PREP classes on Sundays. Please print legibly. If your child was baptized somewhere other than the Cathedral and is enrolling in first grade or is new to our program, please attach a copy of his/her baptismal certificate.

Registration & payment can be mailed to Cathedral Parish / ATTN Becky / 212 State Street / Harrisburg PA 17101, dropped off at the office, or placed in the collection basket at Mass. If you would like to make payments or request tuition assistance, please pay what you can and check the appropriate box on the back.

Family Information

Family Last Name: _____ Total Number of Children Enrolling: _____

Street Address or P.O. Box Number: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's First & Last Name: _____

Father's work phone: _____ Father's cell phone: _____

Father's Email Address: _____ Father's Religious Affiliation _____

Mother's First, Maiden, and Last Name: _____

Mother's work phone: _____ Mother's cell phone _____

Mother's Email Address: _____ Mother's Religious Affiliation _____

If there is an alternate address/phone number where students may reside (as with separated parents or with a grandparent), please provide so that information can be mailed there:

Student Information

Name of Child _____ Date of Birth: ____/____/____

Grade entering: _____ School Attending: _____

Name of Child _____ Date of Birth: ____/____/____

Grade entering: _____ School Attending: _____

Name of Child _____ Date of Birth: ____/____/____

Grade entering: _____ School Attending: _____

Name of Child _____ Date of Birth: ____/____/____

Grade entering: _____ School Attending: _____

Name of Child _____ Date of Birth: ____/____/____

Grade entering: _____ School Attending: _____

Family Last Name: _____

Emergency Contact Information if Parents Cannot Be Reached

Name: _____ Phone: _____ Relationship _____

Are there any people other than you who may pick up your child/ren from PREP classes? If yes, who?

Name _____ Relationship to child/ren _____

Special Circumstances

Are there any child custody issues? Yes No If yes, please share pertinent info & documentation with Becky.

Are there any medical concerns such as medications being taken; food, insect, or medication allergies; ADD/ADHD; autism; hearing, speech, or language challenges; or other physical or mental conditions we should be aware of? Please list child's name first and then information, and attach extra paper if needed.

Volunteering – We need lots of volunteers, both regular & occasional! I will contact you to discuss specific needs.

I am interested in volunteering as a: _____ catechist _____ catechist assistant _____ building monitor
_____ substitute teacher _____ with Coffee & Donuts _____ with parties
_____ office support

TUITION INFORMATION (tuition is waived for children of catechists)

Per Student Supply Fee Grades 1-12: \$20.00 by July 31; \$25 by August 21; \$30 after August 21
Sacrament Retreat Fee (Grades 2 & 8): \$15.00

I would like to speak with someone about tuition assistance or payment plans: _____yes _____ no

Student Information:

		Book Fee	Retreat Fee
Student First Name: _____	Grade: _____	\$ _____	\$ _____
Student First Name: _____	Grade: _____	\$ _____	\$ _____
Student First Name: _____	Grade: _____	\$ _____	\$ _____
Student First Name: _____	Grade: _____	\$ _____	\$ _____
Student First Name: _____	Grade: _____	\$ _____	\$ _____
Subtotals:		\$ _____	+ \$ _____ =
Total all fees:		\$ _____	

Payments:

(Checks are payable to St. Patrick Cathedral.)

I have included full payment at this time in: _____ Cash OR Check number: _____
I have included a payment of \$ _____ in: _____ Cash OR Check number: _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Office use only:

Paid \$ _____ Check # _____ Date _____