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|-------------------|
| For Office Use: |
| Family Name _____ |
| Fee: _____ |
| Check # _____ |



OUR MOTHER OF CONSOLATION

7 E. Chestnut Hill Avenue, Philadelphia, PA 19118
215-247-0430

PREP REGISTRATION ~ School Year 2023 - 2024

Registration Fee: \$200 for first child; \$100 for each additional child. Include check payable to OMC Church or pay through online giving (PREP destination). Include payment with registration or note online giving.

| | | |
|-----------------|-------|-----------------|
| FAMILY NAME: | _____ | |
| ADDRESS: | _____ | |
| CITY/ZIP CODE: | _____ | |
| E-MAIL: | _____ | |
| HOME PHONE: | _____ | |
| FATHER'S NAME: | _____ | |
| WORK OR CELL #: | _____ | RELIGION: _____ |
| MOTHER'S NAME: | _____ | |
| WORK OR CELL #: | _____ | RELIGION: _____ |

Custody: Are there any custody/legal issues? Yes No

(If yes, please provide a complete copy of the latest court order.)

*Name of person legally responsible for Religious Education if not a Parent or Legal Guardian

*Parent/guardian must provide a signed, dated letter of permission to the DRE, which is to be kept on file and updated annually.

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| _____ | Relationship: _____ |
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I have read the PREP Handbook and agree to the requirements and expectations of Our Mother of Consolation Parish Religious Education Program.

I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/ archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

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|-----------------------------------|------------|
| Signature _____ | Date _____ |
| Relationship to Child(ren): _____ | |

Emergency Contact Information: If we are unable to reach you, whom should we contact?

| | |
|----------------------------|---------------------|
| Name: _____ | Relationship: _____ |
| Phone Number (home): _____ | (Cell): _____ |

Consent For Medical Care:

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 OMC Parish.

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| Signed (Parent or Legal Guardian): _____ | Date: _____ |
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Page #2 must be completed for each child separately

Complete Form. Print clearly. For first time registrations, please bring copy of each child's Baptismal Certificate.

| | | |
|--|---|--|
| Family Name: | | |
| Child's Full Name (First, Middle, & Last): | | |
| Date of Birth: | | |
| Sex: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Grade Level: | | |
| Name of Day School: | | |
| Baptism Date: | Parish/Town: | |
| First Penance Date: | | |
| First Communion Date: | | |
| Ethnicity: | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non- Hispanic/Latino |
| Race: (Please choose only one) | <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African America <input type="checkbox"/> Other | <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer |

Medical/Learning Data

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

| | | |
|--|------------------------------|-----------------------------|
| Medical Conditions or Allergies (please describe below if yes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescribed Medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Learning Support Services or *Disability (see IDEA definitions below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IEP Individualized Education Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| **Immunization Are your child's vaccinations up to date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, has he/she received an exemption from your current school district? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please complete information here or add any other information about your child that should be communicated?

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**** IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education & related services.

****Immunization:** Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.