

For office use
 Family Name: _____
 PDS: _____ Init _____

**2020-21 SJB PREP Family Registration
 St. John the Baptist, Manayunk**

Please print and complete. For first time students, please attach an original Baptismal Certificate or indicate if not baptized.

Child's Full Name (First, Middle, and Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish	1 st Penance Date & Parish	1 st Communion Date & Parish

Family Name: _____ Primary Cell #: _____ (for texts & calls / emergencies)

Address: _____ Street _____ Zip _____ Primary Email _____

Father's Name: _____ Cell #: _____ Religion: _____

Mother's Name: _____ Cell #: _____ Religion: _____

Marital Status: (Circle one) Sacramental Marriage Civil Marriage Living Together Single Other _____

Child/ren lives with (Circle One) Both Parents Mother Father Other Adult (Name) _____ Relationship _____

Custody: Are there any custody/legal issues? Yes/No *(If yes, please provide a complete copy of the latest court order/agreement.)*

* Name of person responsible for faith formation **if not** a Parent/Guardian: _____
 Relationship to child: _____

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

I have read the Parent Handbook and agree to the requirements and expectations of the St. John the Baptist PREP Program.

I give permission for my child(ren)'s picture to appear on the parish website, bulletin boards, newspaper articles, and all social media in relation to events that happen in the parish.

Enclosed is my payment in the amount of: \$ _____ OR _____ I will be paying online at stjohmanayunk.org _____ I would like to setup a payment arrangement

Signature: _____ Date: _____ Relationship to child(ren): _____

Family Name

Emergency Contact Information

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Cell Phone _____ Home Phone _____

Consent for Medical Care

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in SJB PREP at St. John the Baptist and related events and activities.

Signature: _____ Date: _____

Medical/Learning Data

If any of the following apply, please indicate his/her name and provide details in the appropriate spaces.

Child's Name	Medical Condition/Allergies	IEP Y/N	Prescribed Medications	*Disability / Learning Support Services

Is there other information about your child that should be communicated?

*As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

Staff and Volunteer Opportunities

The future of the SJB PREP relies on those called to give their time and talent to God and our parish children. If you would like to learn more, please let us know and our team will contact you. All Adults must adhere to the requirements of the Archdiocesan Safe Environment Program to protect our youth.

Please contact me (Your Name) _____ Phone # _____

I can help (circle one) **Weekly** / **Occasionally** and am interested in helping as a (circle one or more) **Hall Monitor** / **Catechist** / **Aide** / **Parent Helper**

SAFE ENVIRONMENT LESSONS

The Archdiocese of Philadelphia's Commitment to the Safety of our Children

Dear Parents or Guardians,

Article 12 of the Charter for the Protection of Children and Young People calls for all dioceses to establish Safe Environment programs at all grade levels, both in the Parish Religious Education Program and Parish Elementary School. The Archdiocese of Philadelphia provides a personal safety lesson for each level of the Parish Religious Education Program and mandates that this lesson is taught during one session of the instructional year. These lessons are intended to supplement the conversation that you are having with your children about their personal safety.

This form must be signed whether you wish to have your child participate in the lesson or not. If you do not wish to have your child participate in the lesson arrangements will be made for your child's care and instruction on the day. Students should not be kept home from class. The lesson may last 15-20 minutes and all students will be expected to attend the rest of the session. The class will be held in the Spring of 2021.

SAFE ENVIRONMENT OPT-IN/OPT-OUT

Child(ren)'s name(s) _____

_____ Yes, my child(ren) will participate in Safe Environment instruction

_____ No, I do not wish to have my child(ren) participate in the Safe Environment instruction.

Parent/Guardian signature _____ Date _____

