

St. William Religious Education  
6234 Rising Sun Avenue  
Philadelphia, PA 19111  
(215) 745-0921  
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June, 2015

Dear Parent(s),

Re-registration for next year's PREP classes is beginning now. Enclosed in this mailing is a re-registration form for you to use. Please fill out the form and either mail it or drop it off at the Rectory or Convent. If you have a "new child" to register, Sunday, June 14<sup>th</sup> will be new registration after Masses.

*Do not let finances be an obstacle to your child's Religious education.  
Please get in touch with me if money is a problem.*

|                    |      |
|--------------------|------|
| 1 child            | \$40 |
| 2 or more children | \$50 |

Thank you for your cooperation in re-registration by the deadline. Remember summer is not a time to take a vacation from God. We hope to see you at Mass on the weekends. Have a safe and blessed summer.

God Bless You,  
Sister Marie Bernadette, IHM  
Director of Religious Education  
St. William Parish

Classes begin Tuesday, September 15<sup>th</sup> !

**For Office Use**

Family Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Parish Religious Education Program Registration Form**  
Church of St. William

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

| Child's Full Name<br>(First, Middle, & Last) | Sex<br>M/F | Date of Birth | Place of Birth | Grade Level | Name of Day School | Baptism Date & Parish | 1 <sup>st</sup> Communion Date |
|--|------------|---------------|----------------|-------------|--------------------|-----------------------|--------------------------------|
|  |            |               |                |             |                    |                       |                                |
|  |            |               |                |             |                    |                       |                                |
|  |            |               |                |             |                    |                       |                                |
|  |            |               |                |             |                    |                       |                                |

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_ Maiden Name \_\_\_\_\_

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

\*Name of person responsible for Religious Education if not a Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

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

- I have read the Parent Handbook and agree to the requirements and expectations of the St. William Religious Education Program
- I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

## Parish Religious Education Program Registration Form

Church of St. William

**Dismissal:** The following persons will pick up my child at the end of PREP classes.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**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 page 1 of 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 **(PARISH NAME)** Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

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

| Child's Name | Medical Conditions/Allergies | Prescribed Medications | Disability* / Learning Support Services | Individualized Education Program<br><b>IEP</b> |
|--------------|------------------------------|------------------------|---|--|
|              |                              |                        |   | <input type="checkbox"/> YES                   |
|              |                              |                        |   | <input type="checkbox"/> NO                    |
|              |                              |                        |   | <input type="checkbox"/> YES                   |
|              |                              |                        |   | <input type="checkbox"/> NO                    |

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

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\* 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.