



**Cathedral Parish of St. Patrick
Parish Religious Education Program (PREP)
Registration 2014-2015**

Please include information for your children in grades 1-12 who will be attending our PREP classes on Sunday mornings. 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 Religious Education / 212 State Street / Harrisburg PA 17101, dropped off at the parish 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 or guardian), please provide so that information can be mailed there.

If you are not a member of the Cathedral Parish, where do you belong: _____

Student Information

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

Grade entering: _____ School Attending: _____

Church, City and date of Baptism: _____

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

Grade entering: _____ School Attending: _____

Church, City and date of Baptism: _____

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

Grade entering: _____ School Attending: _____

Church, City and date of Baptism: _____

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

Grade entering: _____ School Attending: _____

Church, City and date of Baptism: _____



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 provide pertinent info & documentation.

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 psychological 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 regular & occasional volunteers! We will contact you to discuss specific needs.

I am interested in helping as a: _____ catechist (teacher) _____ catechist assistant _____ building monitor
_____ substitute catechist
or I can help with: _____ coffee & donuts _____ parties _____ office support

TUITION INFORMATION (tuition and retreat fees are waived for children of catechists)

Per Student Supply Fee Grades 1-12: \$35.00 by July 1; \$40 by August 1; \$70 after August 1
Per Student Sacrament Retreat Fee (Grades 2 & 8): \$25.00

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

Student Information:

		Supply Fee	Retreat Fee
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 \$ _____ Date _____

Cash or Check # _____



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Grade 1-12 Photograph Release
Please check one of the two options below.

Names of Students _____

_____ I hereby consent to and authorize the use and reproduction, in print and electronic format by the Cathedral Parish of St. Patrick, Harrisburg, Pennsylvania, of any and all photographs captured of the minor/s (under 18) named above for any parish publicity purpose, including but not restricted to Internet home page, brochures, bulletin boards, parish facebook pages, and other parish marketing applications. All images, electronic digital files, positive slides, and negatives are owned by the parish and the signer acknowledges and understands that the photo likeness will be used by the parish without compensation. I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of this release. I recognize that this release extends to the start of the following school year.

OR

_____ I do not want photographs of my child/ren named above to be used for parish publicity.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____ Date: _____

Grade 1-12 Communication Release

If you have a child in grades 1-12, please check one of the three options below.

_____ I agree that my child/ren in grades 1-12 may be contacted by catechists of St. Patrick Cathedral in Harrisburg, Pennsylvania regarding upcoming activities, events, or to follow up on class discussions. This communication can take place via phone calls, text messages, emails, facebook, or other social media that my child(ren) provides a catechist.

OR

_____ I prefer that my child/ren be contacted only in the following ways (specify cell phone or text number, email address, facebook page, etc.):

OR

_____ I prefer my child/ren to be contacted only via the family contact information I provided on page one.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____ Date: _____

If your preferences are different for different children, please fill out multiple forms. Contact Father Rozman at Thomas.rozman1960@gmail.com or at 232-2169 ext 212 with any questions. Thank you!

