

2022-2023 Tuition
 1st Child....\$150.00
 With 2nd Child....\$275.00
 With 3rd Child....\$375.00 (\$100 each add'l)

Scrip: Yes / No
 Fee Paid: _____ Cash/ Check # _____
 Date: _____

Saint Ephrem PREP Re-Registration 2022 – 2023

Family Name: _____

_____ Yes, my child/children will be returning to the PREP program for the 2022-2023 year

_____ No, my child/children will NOT be returning to the PREP program for the 2022-2023 year

Children’s Names and schools for 2022-2023 year:

#1 _____ Grade _____ School _____

#2 _____ Grade _____ School _____

#3 _____ Grade _____ School _____

- _____ I give permission that, in my absence, my children whose names appear on this form may receive emergency medical care for injuries and all situations that may occur while participating in the Religious Education Program and related activities at Saint Ephrem Parish. I also give permission, that if necessary, my children may be transported to the nearest medical facility.
- _____ I give permission for my child’s (children’s) photo, with name to appear on the St. Ephrem website, bulletin board, bulletins, programs, newspaper articles and all forms of social media in relation to events that take place in the parish or the Religious Education Program.
- Article 12 of the Charter for the Protection of Children and Young People calls for all the dioceses to establish “Safe Environment” programs. Within this document, there is a mandate that requires all students in parish elementary schools and Religious Education Programs receive instruction on the Protecting God’s Children, A Program for Students, during the school year. These grade level appropriate lessons will be presented to the students during a portion of the class time. I give permission for my child to be present during this lesson.
- _____ I have read the Parent Handbook (available on Church website, or hard copy by request) and understand and agree to the requirements and expectations of the St. Ephrem Religious Education Program.
- _____ *Please provide a letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)’s religious education.
- _____ Please check if there are custodial/legal issues regarding your child/ren. Also provide a complete copy of the latest court order if there is one.

 Signature of Parent / Guardian

 Date of Signature

(please turn over and fill out the top if there are any changes, and fill out the chart for each child)

*****If any of the following information has changed, please check that spot, and fill in the updated information. If no information has changed, just leave blank and send in with the front of this paper filled out.**

_____ Address: _____

_____ Home Number: _____

_____ Cell number: _____

_____ Email address for communication: _____

_____ Emergency Contact: _____

Emergency Contact Phone: _____

Relationship: _____

****Please fill out the chart below for each of your children:**

Child's Name	Medical Conditions or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program	**Immunization Are your child's vaccinations up to date?
	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO <i>If no, has he/she received an exemption from your current school district?</i> ___ YES ___ NO
	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO <i>If no, has he/she received an exemption from your current school district?</i> ___ YES ___ NO
	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO <i>If no, has he/she received an exemption from your current school district?</i> ___ YES ___ NO

***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 and 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.*

- If you have a child who will be starting in our Kindergarten or 1st grade level, you will need to come to the PREP office with Baptismal certificate, and additional paperwork must be filled out.
- **All current year tuition must be paid in full before re-registration can be completed for the coming year. If not paid in full, your child's name will be held until your account is paid in full.**