**Saint Ephrem Parish Religious Education Program**

|  |
| --- |
| **Scrip:** Yes / No Fee Paid: \_\_\_\_\_\_\_\_ Cash/ Check #\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ |

**2024 – 2025 Re - Registration**

Tuition: 1st Child-$150 / with 2nd Child-$275 / with 3rd Child-$375 / each addt’l child-$100

***Early Bird Special- Pay IN FULL by April 30, 2024***

***1 child save $30/ 2 children save $50/ 3 or more children save $75***

***LATE FEE of $25 if NOT PAID IN FULL BY August 25, 2024***

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

\_\_\_\_\_ Yes, my child/children will be returning to the PREP program for the 2024-2025 year

\_\_\_\_\_ No, my child/children will NOT be returning to the PREP program for the 2024-2025 year

**Children’s Names and schools for 2024-2025 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, if not the parent/guardian.
* \_\_\_\_ 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

**(Over)**

**Please fill out the top ONLY if there are any changes, or you would like anything updated. Put a check, then fill in information to be updated. If nothing is to be changed, just leave the top of this side of the form blank.**

**The medical chart MUST BE completed for each child re-registering.**

\_\_\_\_\_ 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 regardless if it remains the same as last year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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  *If no, has he/she received an exemption from your current school district?*\_\_\_\_ YES \_\_\_\_ NO |
|  | \_\_\_ YES \_\_\_ NO  | \_\_\_ YES \_\_\_ NO  | \_\_\_ YES \_\_\_ NO  | \_\_\_\_ YES\_\_\_\_ NO  | \_\_\_\_ YES \_\_\_\_ NO  *If no, has he/she received an exemption from your current school district?*\_\_\_\_ YES \_\_\_\_ NO |
|  | \_\_\_ YES \_\_\_ NO  | \_\_\_ YES \_\_\_ NO  | \_\_\_ YES \_\_\_ NO  | \_\_\_\_ YES\_\_\_\_ NO  | \_\_\_\_ YES \_\_\_\_ NO  *If no, has he/she received an exemption from your current school district?*\_\_\_\_ 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.**