

**RESURRECTION OF OUR LORD PARISH  
FAITH FORMATION PROGRAM  
P.R.E.P. REGISTRATION FORM  
2014-2015**

**FAMILY INFORMATION**

Are you a registered member of Resurrection Parish? Yes No *(Circle One)*

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

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First (Maiden)

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Parental status (Circle all that apply):**

Married in Church Married Secular Divorced Separated Remarried Single Parent

**Child (ren) lives with (Circle all that apply):**

Parents Mother Father Guardian Step-Parent Other: \_\_\_\_\_

**Emergency Information:**

Person OTHER than parents or guardian to contact in case of illness or emergency:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student Information #1**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male or Female

School Child will attend as of September 2014: \_\_\_\_\_

Grade in School as of September 2014 \_\_\_\_\_

Has this child attended a religious education program before? Yes No *(Circle One)*

If YES Provide dates and place of attendance if this child attended a religious education program at a place other than Resurrection \_\_\_\_\_

Amt. Due: \$

Amt Pd./Date:

Balance Due: \$

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**Sacramental Information for Child:** If your child is new to our program and was baptized at a parish other than Resurrection, please provide us with a copy of the baptismal certificate.

Parish of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Parish for First Reconciliation: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child

<b>Student Information #2</b>
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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male or Female

School Child will attend as of September 2014: \_\_\_\_\_

Grade in School as of September 2014: \_\_\_\_\_

Has this child attended a religious education program before? Yes No *(Circle One)*

If **YES** Provide dates and place of attendance if this child attended a religious education program at a place other than Resurrection \_\_\_\_\_

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**Sacramental Information: If your child is new to our program and was baptized at a parish other than Resurrection, please provide us with a copy of the baptismal certificate.**

Parish of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Parish for First Reconciliation: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child

**Student Information #3**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male or Female

School Child will attend as of September 2014: \_\_\_\_\_

Grade in School as of September 2014 \_\_\_\_\_

Has this child attended a religious education program before? Yes No *(Circle One)*

If **YES** Provide dates and place of attendance if this child attended a religious education program at a place other than Resurrection \_\_\_\_\_

**Sacramental Information: If your child is new to our program and was baptized at a parish other than Resurrection, please provide us with a copy of the baptismal certificate.**

Parish of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Parish for First Reconciliation: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

(Cont.)

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Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear as registered students of this program, may receive emergency medical for injuries and all situations that should occur while participating in the Religious Education Programs and activities at RESURRECTION OF OUR LORD PARISH.

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

Date: \_\_\_\_\_

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Please check the line before each statement indicating that you have read and agree with each statement.

\_\_\_\_\_ I will read the Parent & Participant Handbook and agree to the requirements and expectations of Resurrection Of Our Lord Parish Religious Education Program. Parent Handbooks will be distributed in the Fall of 2014.

\_\_\_\_\_ I give permission for my child's picture to be taken and to appear on the Resurrection Of Our Lord Parish website, bulletin boards and newspaper articles in relation to events that happen in the Parish.

\_\_\_\_\_ For First Penance, Holy Communion and Confirmation candidates only: I give permission for my child's name to be printed in the Sacramental booklet and church bulletin. Please note that the parish bulletin is also posted on the parish website.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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