

For Office Use

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

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

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

### Parish Religious Education Program Registration Form Our Lady of Good Counsel Southampton, PA

PREP Year 2026-2027

Requested Class Time:

Afternoon \_\_\_\_\_ Evening \_\_\_\_\_  
4:15pm-5:30pm 6:15pm-7:30pm

Complete Form. Print clearly.

1<sup>st</sup> grade & new enrollments: A copy of each child's Baptismal Certificate is mandatory for registration.

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

**Grades 2, 3, & 7:** Is this your first child to receive the Sacrament of: Penance(2<sup>nd</sup>) \_\_\_\_\_ Communion(3<sup>rd</sup>) \_\_\_\_\_ Confirmation(7<sup>th</sup>): \_\_\_\_\_

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City Zip Code PLEASE PRINT CLEARLY

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

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

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

\*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 box if there are custodial/legal issues regarding any child listed above. Please provide a complete copy of the latest court order for registration.

I give permission for my child's name / picture to appear on the parish website, bulletin boards, newspaper articles, parish bulletin, and recorded liturgies and events associated with the parish religious education program.

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

Family Name:

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## 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 **Our Lady of Good Counsel** 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 IEP
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**Ethnicity:** \_\_\_\_\_ Hispanic/Latino, \_\_\_\_\_ Non-Hispanic/Latino

**Race:** \_\_\_\_\_ American Indian/Native Alaskan, \_\_\_\_\_ Native Hawaiian/Pacific Islander, \_\_\_\_\_ Asian, \_\_\_\_\_ White, \_\_\_\_\_ Black/African America, \_\_\_\_\_ Two or more races, \_\_\_\_\_ Other, \_\_\_\_\_ Prefer not to answer

**\*\*Immunization:** Are your child(ren)'s vaccinations up to date?  YES  NO *If no, has he/she received an exemption from your current school district*  YES  NO **\*\*\*Immunization:** Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.

Is there other information about your child that should be communicated, so that we may properly care for your child during the time they are with us in PREP?

\* 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 (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.

\*\*Consent For Medical Care: By signing this form, I give permission that, in my absence, my children whose names appear on 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 OLG Parish.

\*\*\***Immunization:** Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.