

The Saint Carlo Acutis Religious Education Program  
601 Buttonwood Street, Norristown PA 19401  
**2026-2027 PREP Year Student Registration Form**

<b>For Office Use Only (Sólo para uso de la oficina).</b>		SFA _____	St. Pat's _____	
Date _____	PREP Grade _____	Paid? Y/N _____	Amnt. _____	Method _____

Please complete the entire form, on all sides.

**NEW REGISTRATIONS ONLY: PLEASE HAVE A COPY OF YOUR CHILD(REN)'S BIRTH AND SACRAMENT CERTIFICATE(S) AT THE TIME OF REGISTRATION.**

***Family Information:***

Family Last Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family **FULL** Mailing Address \_\_\_\_\_

Best Number \_\_\_\_\_ Email \_\_\_\_\_

**Home Parish:**

St. Francis of Assisi \_\_\_\_\_ Other \_\_\_\_\_

Are there any legal or custody issues? Yes \_\_\_ No \_\_\_ (If yes, please provide a complete copy of the last court order.)

**Emergency Contact Person (other than parents)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

I give permission for my children's photo to appear on the parish website, bulletin and other publications in connection with events happening in the parish. Yes \_\_\_\_\_ No \_\_\_\_\_

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***Baptismal Certificate(s)***

\_\_\_\_ Attached \_\_\_\_\_ Baptized at St. Francis of Assisi

***First Holy Communion Certificate(s) [if applicable]***

\_\_\_\_ Attached \_\_\_\_\_ Received at St. Francis of Assisi

**Student Information: Please provide all information for your children.**

**Child 1:**

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*First name* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last name* \_\_\_\_\_

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Day School Name** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Date of Baptism and Church** \_\_\_\_\_

**First Confession/Penance Date and Church** \_\_\_\_\_

**First Communion Date and Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child taking any medication? Y / N** \_\_\_\_\_

**Does this child have a learning disability/ IEP? Y / N** \_\_\_\_\_

**Is there anything else we should know about this student? Y / N** \_\_\_\_\_

**Most recent year in PREP** \_\_\_\_\_

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**Child 2:**

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*First name* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last name* \_\_\_\_\_

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Day School Name** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Date of Baptism and Church** \_\_\_\_\_

**First Confession/Penance Date and Church** \_\_\_\_\_

**First Communion Date and Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child taking any medication? Y / N** \_\_\_\_\_

**Does this child have a learning disability/ IEP? Y / N** \_\_\_\_\_

**Is there anything else we should know about this student? Y / N** \_\_\_\_\_

**Most recent year in PREP** \_\_\_\_\_

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