

The Saint Carlo Acutis Religious Education Program
601 Buttonwood Street, Norristown PA 19401
2025-2026 PREP Year Student Registration Form

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

Please complete the entire form completely, on all sides.

**NEW REGISTRATIONS ONLY: PLEASE HAVE A COPY OF YOUR CHILD(REN)'S
BAPTISM & COMMUNION 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 _____

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:

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

Child 2:

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

Child 3:

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

Child 4:

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
