**Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_St. Julie Billiart PREP Registration Form for 2019-2020**

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| --- |
| ***GRADE K – 12 Schedule 10:30 – 11:30 AM*** |

**REGISTRATION FEE OF $50.00 PER STUDENT (non-refundable) to be paid by September 15, 2019.**

**Extra Fee for retreats and special books for First Communion or Confirmation is an additional $25.00.  
$10.00 Late Registraion Fee after August 1st.**

**Catholic Church your family is registered at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE FILL OUT THE PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY FORM ATTACHED.

**PLEASE FILL OUT THE INFORMATION BELOW:**

**Child's Name .**

First, Middle Last

**Address: .**

City, State, Zip

***BIRTHDATE: AGE: GENDER: .***

**Email Address:**

**Phone List:**

**Emergency Contact Name & # .**

**Medical or Learning Conditons(s)/Allergies: .**

**BIRTH PARENTS: If applicable, custody papers must accompany this registration form.**

**Father .**

First Middle Last

**Father: ( )Living ( ) Deceased Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is he Living with this child? ( ) Yes ( ) No**

**Married in Catholic Church\_\_\_\_Yes \_\_\_\_No**

**Mother: .**

First Middle madien Last

**Mother ( )Living ( ) Deceased Maritial Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is she Living with this child? ( ) Yes ( ) No**

**Married in Catholic Church\_\_\_\_Yes \_\_\_\_No**

**Brothers and Sisters names and grades in 2019-2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What grade your child will be in 2019-2020** (please circle): **K 1 2 3 4 5 6 7 8 9 10 11 12**

**Has this child been baptized in the Catholic Faith? *( ) Yes or ( ) No* BAPTISM DATE:: .**

**The name of the Church where this child was baptized: .**

**The City, State, Country where the Church is located: : .**

**Is this the FIRST TIME for this child to be REGISTERED IN PREP at St. Julie ? ( )Yes ( ) No**

If yes, you must provide a copy of your child's Baptismal Certificate to the PREP office, ASAP..If this child was in a PREP class last year, **What class was this child registered in PREP last year at St. Julie? .**

**Has this child received First Holy Communion? ( )Yes ( ) No**

**If yes, place of First Holy Communion . Date: .**

**\*\*( All sacraments need at least one full year of formation prior to the year the child prepares for the sacrament.)\*\***

For 7th grade thru high school students & RCIA Students:

**Has this child prepared for and received CONFIRMATION? ( )Yes ( )No - If YES, when .**

OFFICE USE ONLY: AMOUNT PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASH\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18/19 Class:\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**