

PREP Registration 2025-2026
St. Gabriel of the Sorrowful Mother
Avondale, PA 19311
610-268-0296

Family Last Name: _____

Address: _____

City, Zip : _____

Home Ph # _____

Father's Name: _____

Cell # _____

Email: _____

Mother's Name: _____

Cell # _____

Email: _____

Emergency Contact: _____

Relationship: _____

Phone # _____

Email: _____

Consent for Medical Care: I give permission that, in my absence, my child may receive emergency medical care for injuries while participating in the PREP programs and activities at St. Gabriel of the Sorrowful Mother Parish.

Parent/Guardian: _____ **date** _____

Public Recognition:

I give permission for my **child's name and image** to appear in/on Sacrament booklets, the bulletin, church website, and the monitor in the Narthex.

Parent/Guardian: _____ **date** _____

Custody: I will provide a complete copy of the latest court order and a signed, dated letter of permission with the name of the person legally responsible for religious education, if **not** a parent or legal guardian. If the court order is on file, please attach an updated letter to this registration form.

Parent/Guardian: _____ **date** _____

CHILD'S PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____ **Sex:** Male ☐ Female ☐

School: _____ **Grade** _____

Demographics required by the Archdiocese:

Ethnicity (circle one)	Race (circle one)
1. Hispanic/Latino Alaskan	1. American Indian/Native
2. Non-Hispanic/Latino	2. Asian
	3. Black/African American
	4. Native Hawaiian/Pacific Islander
	5. Prefer not to answer
	6. Two or more races
	7. White

Church of **Baptism:** _____
City/State: _____

(Please provide a copy of the Baptismal certificate if your child is new to our PREP program and was not baptized at St. Gabriel.)

Church of **1st Communion:** _____
City/State: _____

Church of **1st Penance:** _____
City/State: _____

Type of instruction requested: Homeschool (not Levels 3 and 7) ☐
In-person class (1-6) ☐

Level #

Please list any **educational** or **medical needs:**

CHILD #2's PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____ Sex: Male ☐ Female ☐

School: _____ Grade _____

Demographics required by the Archdiocese:

Ethnicity (circle one)	Race (circle one)
1. Hispanic/Latino Alaskan	1. American Indian/Native
2. Non-Hispanic/Latino	2. Asian
	3. Black/African American
	4. Native Hawaiian/Pacific Islander
	5. Prefer not to answer
	6. Two or more races
	7. White

Church of **Baptism:** _____
City/State: _____

(Please provide a copy of the Baptismal certificate if your child is new to our PREP program and was not baptized at St. Gabriel.)

Church of **1st Communion:** _____
City/State: _____Church of **1st Penance:** _____
City/State: _____

Type of instruction requested:	Homeschool (not Levels 3 and 7)	Level #
	<input type="checkbox"/>	
	In-person class (1-6)	<input type="checkbox"/>

Please list any **educational** or **medical needs**:

CHILD #3's PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____ Sex: Male ☐ Female ☐

School: _____ Grade _____

Demographics required by the Archdiocese:

Ethnicity (circle one)	Race (circle one)
1. Hispanic/Latino Alaskan	1. American Indian/Native
2. Non-Hispanic/Latino	2. Asian
	3. Black/African American
	4. Native Hawaiian/Pacific Islander
	5. Prefer not to answer
	6. Two or more races
	7. White

Church of **Baptism:** _____
City/State: _____

(Please provide a copy of the Baptismal certificate if your child is new to our PREP program and was not baptized at St. Gabriel.)

Church of **1st Communion:** _____
City/State: _____Church of **1st Penance:** _____
City/State: _____

Type of instruction requested:	Homeschool (not Levels 3 and 7)	Level #
	<input type="checkbox"/>	
	In-person class (1-6)	<input type="checkbox"/>

Please list any **educational** or **medical needs**:
