PREP Registration 2024-2025

St. Gabriel of the Sorrowful Mother Avondale, PA 19311 2024-2025

Family Last Name:	School:	Grade
Address:	Demographics required by the Archdiocese:	
City, Zip:Home Ph #	Ethnicity (circle one) 1. Hispanic/Latino Alaskan	Race (circle one) 1. American Indian/Native
Father's Name:	2. Non-Hispanic/Latino	2. Asian
Cell #		3. Black/African American
Mother's Name:		4. Native Hawaiian/Pacific Islander
Cell #		5. Prefer not to answer
Emergency Contact:		6. Two or more races
Relationship:		7. White
Consent for I give permission that, in my absence, my Medical Care: child(ren) may receive emergency medical care for injuries while participating in the PREP programs and activities at St. Gabriel of the Sorrowful Mother Parish.	City/State: Church of 1 st Communior City/State: Church of 1 st Penance:	LEVEL#
Parent/Guardian: date	Type of instruction Hor	
I give permission for my child's name and image to appear in Sacrament booklets, in the bulletin, and church website.		person class (1-7)
Parent/Guardian: date	Please list any education	al or medical needs:
Provide a: 1. complete copy of the latest court order and 2. signed, dated letter of permission with the name of the person legally responsible for religious education, if <u>not</u> a parent or legal guardian. Give an update letter annually.	PREP Teacher:	(For office use only)

CHILD #1'S PERSONAL INFORMATION:

Female

(For office use only)

Date of Birth: _____ Sex: Male

Full Name:_

CHILD #2'S PERSONAL INFORMATION:		CHILD #3'S PERSONAL INFORMATION:		
Full Name: Sex: Male Female		Full Name: Date of Birth: Sex: Male Female		
Date of Birth:	Sex : Male Female	Date of Birth:	Sex: Male	Female
School:	Grade	School:		_ Grade
Demographics required	by the Archdiocese:	Demographics required	by the Archdioce	ese:
Ethnicity (circle one) 1. Hispanic/Latino Alaskan	Race (circle one) 1. American Indian/Native	Ethnicity (circle one) 1. Hispanic/Latino Alaskan	Race (circle one) 1. American Indian/Native	
2. Non-Hispanic/Latino	2. Asian	2. Non-Hispanic/Latino	2. Asian	
	3. Black/African American		3. Black/African American4. Native Hawaiian/Pacific Islander	
	4. Native Hawaiian/Pacific Islander			
	5. Prefer not to answer		5. Prefer not to answer	
	6. Two or more races		6. Two or more ra	ces
	7. White		7. White	
Church of Baptism : City/State:		Church of Baptism : City/State:		
	1:	Church of 1 st Communion City/State:	:	
Church of 1 st Penance : City/State:		Church of 1 st Penance : City/State:		
Type of instruction Hor requested:		Type of instruction Hor requested: In-p	meschool (<u>not 3 or</u> person class (1-7)	
Please list any education	al or medical needs:	Please list any education	al or medical nee	ds:
PREP Teacher:		PREP Teacher:		
	(For office use only)		(For office use or	nly)