

PREP Registration 2024-2025

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

Family Last Name: _____
Address: _____
City, Zip: _____
Home Ph # _____

Father's Name: _____
Cell # _____

Mother's Name: _____
Cell # _____

Emergency Contact: _____
Relationship: _____
Phone # _____

Consent for Medical Care: I give permission that, in my absence, my 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.

Parent/Guardian: _____ **date** _____

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

Parent/Guardian: _____ **date** _____

Custody 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 **not** a parent or legal guardian. Give an update letter annually.

CHILD #1'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: _____

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

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

Type of instruction requested: Homeschool (not 3 or 7) _____ **LEVEL#**
In-person class (1-7) _____

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

PREP Teacher: _____
(For office use only)

CHILD #2'S PERSONAL INFORMATION:

Full Name: _____
Date of Birth: _____ **Sex:** Male Female
School: _____ **Grade** _____

Demographics required by the Archdiocese:

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

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

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

Type of instruction requested:	Homeschool (<u>not 3 or 7</u>)	<input type="checkbox"/>	LEVEL#	_____
	In-person class (1-7)	<input type="checkbox"/>		_____

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

PREP Teacher: _____
(For office use only)

CHILD #3'S PERSONAL INFORMATION:

Full Name: _____
Date of Birth: _____ **Sex:** Male Female
School: _____ **Grade** _____

Demographics required by the Archdiocese:

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

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

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

Type of instruction requested:	Homeschool (<u>not 3 or 7</u>)	<input type="checkbox"/>	LEVEL#	_____
	In-person class (1-7)	<input type="checkbox"/>		_____

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

PREP Teacher: _____
(For office use only)