

*Please check:*

*Tuition:*

One Child: \$130.00  
 Family 2 or more children: \$225.00  
 Sacramental Grades 2 & 8 ~ Please include an additional \$40 for Sacramental Fee  
  
 Total Tuition Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
*Parent Signature* *Date*

**St. Mary of Ostrabrama**  
**Parish Religious Education Program (PREP)**  
**Registration Form**  
**Monday ~ 4:30 to 5:45 PM**

CHILD(REN) LAST NAME \_\_\_\_\_ PARENT LAST NAME \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father/Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Mother/Guardian's Name \_\_\_\_\_ Maiden \_\_\_\_\_ Religion \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parents' email address \_\_\_\_\_  
 Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**Please note:** Your home/cell phone number will be given to the volunteers who make our Emergency Closing calls.

**CHECK SACRAMENTS RECEIVED**

*Office*

Student's Name	Sex	Birth Date	Baptism	Penance	Eucharist	Confirmation	Public School	Grade Sept. 2022	PREP Grade '22

**LATE FEE OF \$50.00 WILL BE CHARGED AFTER SEPTEMBER 15TH, 2022**

*(Please Turn Over - Page 1 of 2)*

**ADDITIONAL FAMILY INFORMATION (check if applicable):**

- Single Parent
- Parent(s) deceased
- Non-parental guardianship\*
- Custody/Visitation issued\* (Anyone who **may not** visit or transport your child according to a court order.)

*\*A COPY OF YOUR COURT DOCUMENT MUST BE RETURNED WITH YOUR REGISTRATION.*

**PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOUR CHILD(REN) HAVE SPECIFIC NEEDS:**  
***This important information helps the Catechist better meet your child's needs.***

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

<input type="checkbox"/> Medication/Food Allergy	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Medical Condition/Other	<input type="checkbox"/> Special Services: IEP, Resource Room
<input type="checkbox"/> Epipen	<input type="checkbox"/> Basic Skills/In-Class Support
<input type="checkbox"/> Inhaler	<input type="checkbox"/> Physical/Emotional problems

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

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Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE	CHECK NO.	NAME	AMOUNT PAID	BALANCE