

Registration for 2013/14 begins May 12.

\$10 Early Registration Discount until June 15.

Registration forms may be downloaded from the parish website, but must be presented, IN PERSON, at the PREP Office.

Payment of all fees is expected when registering. Please call for office hours, (561) 798-5661; X110.

OUR LADY QUEEN OF THE APOSTLES

2010-11 Parish Religious Education Program

Family Registration Form

ENVELOPE NO. _____

DATE _____

Please Print Clearly

Family Name _____

Home Phone _____ Work Phone _____

Cell Phone No. _____

Address _____

Check box if information is new

E-mail Address: _____

I (we) prefer notification via e-mail

Parent/Guardian Name(s)

MR/MRS/MS _____ Work No. _____ Cell No. _____

MR/MRS/MS _____ Work No. _____ Cell No. _____

Alternate Contact Person:

Name _____ Home Phone _____ Work or Cell No. _____

Child's Name Last, First	Previously Registered In PREP Yes/No	DOB	Grade Entering	Sex M/F	Name of School	Attends Mass Weekly Yes/No	Baptized Yes/No	1 st Holy Com- munion Yes/No

Registration Fees

1 Child \$ 270
2 Children \$ 295
3 or more Children \$ 315

Additional Sacramental Fees (in addition to the Registration Fee)

First Holy Communion \$ 35
Confirmation \$100

You will receive a credit for \$200 or 100% of your offertory contributions, whichever is less from 4/1/12 through 3/31/13. All fees are due at the time of registration, or a payment plan can be set up with a credit card only.

OFFICE USE ONLY

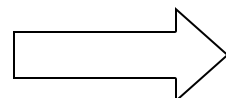
DATE OF REGISTRATION _____

PAYMENT: (Cash) _____ (Check) # _____ (C.C.) _____ Amount _____

Class Placement

Child #1 _____ Child #2 _____ Child #3 _____
Child #4 _____ Child #5 _____ Child #6 _____

OVER



REQUIREMENTS AND GUIDELINES

1. Baptismal Certificates are **required for all new students** at the time of registration.
2. All students involved in either of the 2-year Sacramental prep years for First Communion or Confirmation, are permitted **no more than 3 absences** in one school year. Students may make up the missed class on any other day **during that same week**, by calling Ms. Rosemary.
3. A yearly calendar of classes will be given to the students during the first week of classes.
4. Parents/guardians **must be registered in the Parish, and supporting the parish through Time, Talent, and Treasure.**
5. Registration Fees are **non-refundable** and **payable at time of registration**. (In case of financial hardship, please contact Rosemary in the PREP Office.)
6. All students need to be **dropped off on time for class and picked up promptly**. If not able to do this, please make other arrangements.

I have read, understand, and agree to the requirements listed above. In signing, I grant permission for my child to attend OLQA Parish Religious Education Classes.

Parent/Guardian Signature

Date

EMERGENCY INFORMATION

This information must be filled out completely by the Parent/Guardian
While your child is in our care, it is important for us to have the following information:

PLEASE PRINT CLEARLY

In the event we cannot reach you, whom should we contact?

NAME _____ RELATIONSHIP _____

PHONE _____ ALTERNATE PHONE _____

Please list any condition, disability, or medical information that we should be aware of regarding any of your children.

Is your child taking medication? ____ YES ____ NO

IF YES, which child? _____ What medication? _____

If we are unable to contact you or the person you designated as an emergency contact, do you give us your authorization to provide appropriate medical action should your child require it while attending Religious Education classes?

____ YES ____ NO

IF YES, to which hospital do you prefer your child be taken to: _____

Name of Doctor: _____ Phone _____

Parent/Guardian Signature

Date