

**Our Lady Queen of the Apostles
2019-2020 Parish Religious Education Program (PREP) Family Registration**

Family Last Name _____

Env. # _____

Father's Name (First / Last)	Phone Number (s)	Email
Mother's Name (First / Last)	Phone Number (s)	Email
Address		City and Zip

Registration fees for 2019 - 2020:
one child \$75 / two or more children \$150

Additional sacramental fees for 2019 - 2020:
First Holy Communion \$25 / Confirmation \$150

<div>1ST Child</div>	First Name		Middle Name		Last Name	
	Date of Birth	Gender	2019—2020 Grade	PREP Schedule (Grade/Day/Time) Selected		
	Age	Baptized YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA) First Communion YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA)				

2ND Child	First Name		Middle Name		Last Name	
	Date of Birth	Gender	2019—2020 Grade	PREP Schedule (Grade/Day/Time) Selected		
	Age	Baptized YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA) First Communion YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA)				

3RD Child	First Name		Middle Name		Last Name	
	Date of Birth	Gender	2019—2020 Grade	PREP Schedule (Grade/Day/Time) Selected		
	Age	Baptized YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA) First Communion YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA)				

OFFICE USE ONLY

Total Payment Due:	Amount Paid:	Form of Payment: Cash	Check #	Credit Card
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Requirements and guidelines

- Registration fees are due at the time of registration. Please speak with the Director of Religious Education if there is a financial hardship.
- Baptismal certificates are required for all new students (unless baptized at our parish)
- If separated or divorced, written and notarized consent from non-custodial parent is required.
- Please be on time when dropping off and picking up students.

I have read, I understand, and I agree to the requirements and guidelines above, and I grant permission for my child/children to attend Our Lady Queen of the Apostles PREP classes.

Parent / guardian signature _____ **Date** _____

Emergency information

In the event we're unable to reach you, who should we contact?

Name _____ **Relationship to child** _____ **Phone** _____

Please describe any health conditions or special needs we should know about your child/children.

If applicable, please list any medications your child/children are taking:

I do hereby give my permission for my child attending Our Lady Queen of the Apostles Religious Education Program (PREP) to be treated for medical emergency in my absence. The Director of Religious Education or adult supervisor may act as an agent in my absence. In case of accident,, I do not hold the Diocese of Palm Beach, the parish, its staff, or the adult chaperones responsible.

Parent / guardian signature _____ **Date** _____

Photo and video consent and release

I hereby grant to Our Lady Queen of the Apostles the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance. I certify that I am the parent or legal guardian of the above participant(s), and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as appropriate).

Parent / guardian signature _____ **Date** _____