For Office Use:

Family Name_____

School Year:_____

Fee:_____Check #:_____

St. John Cantius,
Philadelphia, PA
Bridesburg

PARISH RELIGIOUS EDUCATION PROGRAM

FAMILY NAME:

ADDRESS:

CITY/ZIP CODE:

E-MAIL:

HOME PHONE:

FATHER'S NAME:

WORK OR CELL #: **RELIGION:**

MOTHER'S NAME:

WORK OR CELL #: **RELIGION:**

Custody: Are there any custody/legal issues? ❑Yes ❑No

(If yes, please provide a complete copy of the latest court order.)

***Name of person legally responsible for Religious Education if not a Parent or Legal Guardian**

*Parent/guardian must provide a signed, dated letter of permission to the D/CRE, which is to be kept on file and updated annually.

Relationship:

❑ I have read the Family Handbook and agree to the requirements and expectations of the (St. John Cantius PREP Program

❑ I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/ archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Signature **Date**

Relationship to Child(ren):

Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name: **Relationship:**

Phone Number (home): **(Cell):**

Consent For Medical Care:

I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at (St. John Cantius Parish.

Signed (Parent or Legal Guardian): **Date:**

P.#2 must be completed for each child separately.

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Family Name:

Child's Full Name (First, Middle, & Last):

Date of Birth:

Sex: ❑Male ❑Female

Current Grade Level: Prep Level Last Year:

Name of Day School:

Baptism Date: **Parish/Town:**

First Penance Date:

First Comunnion Date:

Ethnicity: ❑ Hispanic/Latino ❑ Non- Hispanic/Latino

Race:
(Please choose only one)

❑ American Indian/Native Alaskan
❑ Asian
❑ Black/African America
❑ Other
❑ Native Hawaiian/Pacific Islander
❑ White
❑ Two or more races
❑ Prefer not to answer

Medical/Learning Data

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) ❑ Yes ❑ No

Prescribed Medications ❑ Yes ❑ No

Learning Support Services or *Disability *(see IDEA definitions below)* ❑ Yes ❑ No

IEP *Individualized Education Program* ❑ Yes ❑ No

****Immunization Are your child's vaccinations up to date?** ❑ Yes ❑ No

This question does not refer to COVID; rather, child & adolescent immunizations

If no, has he/she received an exemption from your current school district? ❑ Yes ❑ No

Please complete information here or add any other information about your child that should be communicated?

** **IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

****Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the* vaccine preventable disease.

REGISTRATION FEES

Early Registration ends July 11, 2026

_____ $60 One Child

_____$120 Two Children (Same Family)

_____$ 20 for each additional Child over the 2 (Same Family).

_____ # of Children

No registrations accepted on the first night -- register early

Registration July 12 to September 16

_____$85 One Child

_____$135 Two Children (Same Family)

_____$ 40 for each additional child over the 2 (Same Family).

_____ # of Children

Late Registration --After September 18, 2026

_____ $150 per Child

_____ $300 for 2 Children (Same Family)

_____ $75 for each additional Child over 2 (Same Family)

_____ # of Children