

HOLY CROSS
P.R.E.P. 2017-2018 SCHEDULE

The P.R.E.P. classes for children on the following Saturdays or Sundays Please Choose! Sat. 10am-12pm Sun. 9:45-10:45

OCTOBER 2017	JANUARY 2018
October 1 st	January 6 th &7 th
October 7 th &8 th	January 13 th &14 th
October 14 th &15 th	January 20 th &21 st
October 21 nd &22 rd	January 27 th &28 th
October 28 th &29 th	
NOVEMBER	FEBRUARY
November 4 th &5 th	February 3 rd &4 th
November 11 th &12 th	February 10 th &11 th
November 18 th &19 th	February 18 th Confirmation
November 25 th &26 th No Class Happy Thanksgiving!	February 24 th &25 th
DECEMBER	MARCH
December 2 nd &3 rd	March 3 rd &4 th
December 9 th &10 th	March 10 th &11 th
December 16 th &17 th	March 17 th &18 th
December 23 rd &24 th – No Class Merry Christmas!	March 24 th &25 th Palm Sunday
	March 31 st Easter Vigil
	APRIL
	April 1 st Easter Sunday
	April 7 th &8 th No Class
	April 14 th &15 th
	April 21 st &22 nd

For Office Use
Family Name: _____
School Year: _____
Fee: _____ Check # _____

Holy Cross PREP Registration Form

Complete Form. Print Clearly. For first time registrations, please bring an original copy of each child's Baptismal Certificate, if not baptized at Holy Cross

Child's Full Name (First, Middle, Last)	Sex M/F	Date of Birth	Grade Level	Name of School	New Student Yes or No	Baptism Date Church City	Penance Date Church City	Eucharist Date Church City	Confirmation Date Church City

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip _____ E-mail: _____

Father's Name: _____ Cell #: _____ Religion: _____

Mother's Name: _____ Cell #: _____ Religion: _____

OVER →

Signature: _____ Date: _____ Relationship to Child: _____

EMERGENCY CONTACT INFORMATION

If we are unable to contact you whom should we call?

Name: _____ Relationship: _____ Phone #: _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program and activities at (Holy Cross) Parish

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA

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

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability*/ Learning Support Services	Individualized Education Program IEP
				YES NO
				YES NO
				YES NO

*As defined by *Individuals with Disabilities Education Act (IDEA)* the term "Child with a disability" means a child: "with mental retardation, hearing impairment (including deafness), visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.