

ST. ELIZABETH ANN SETON PARISH
REGISTRATION FORM – PARISH RELIGION PROGRAM (PRP)

2018 – 2019

ELEMENTARY PRP (GRADES 1-8)

Today's Date _____

Family Name _____ Returning Family _____ NEW FAMILY* _____

*Previous Religious Ed Participation: Yes ___ Location _____ No ___

Are you a currently registered parishioner of St. Elizabeth Ann Seton Parish? Yes ___ No ___
If "No" please register at the Parish Office. You must be a member to enroll in the PRP program.

Address _____ City _____ Zip _____

Home Phone _____ Email: _____

Father's Name _____ Work Phone _____ Cell _____

Religion _____

Mother's Name _____ Work Phone _____ Cell _____

Religion _____

Registered child/children live with: Father and Mother ___
Father ___ Mother ___ Grandparent ___ Other ___
Shared custody will affect attendance ___
Additional Phone Number _____

Registration Form due July 15, 2018 + Classes begin Sunday, September 9, 2018

Fees:

\$ 100.00 one child
\$ 175.00 two children
\$ 205.00 Three or more children
(Family maximum \$250.00 in Preschool and Elementary Program)

Payment:

___ Pay in Full at time of registration
___ I would like to discuss financial aid/payment plan
___ Teacher Waiver

Payment is due at the time of registration

Unless other arrangements have been made and approved by the Parish Staff.
All returned checks will be assessed for bank fees incurred

LATE FEE: \$ 25.00 on returning student registrations after JULY 15, 2018

~ Late registration accepted ONLY as space allows ~

Fill out this form, attach cash or a check made payable to: **St. Elizabeth Ann Seton Parish**, return it (with the Emergency Medical Form) to the PRP office, drop it in the collection basket, or mail to parish office:

St. Elizabeth Ann Seton
5890 Buckwheat Road
Milford, OH 45150

Office Information Only:

Date _____ Amount of Payment received _____ Check No. _____

Paid By Cash _____ Received by _____ EMF ___ Comments _____

STUDENT REGISTRATION FORM - Parish Religion Program (PRP)

ELEMENTARY PRP STUDENT INFORMATION 2018 – 2019

NOTE: A copy of the child's Baptismal Certificate MUST accompany all SECOND GRADE registrations if the child was baptized at a parish OTHER THAN St. Elizabeth Ann Seton.

FAMILY NAME _____

Child's Name: _____	M/F <small>(circle)</small>	Grade _____ <small>(2018-19)</small>	School _____
Birth Date: _____			
Health concerns regarding this child: _____			
Learning disabilities we need to be aware of: _____ (Supply IEP if possible)			
Sacraments received:			
		Parish	Location
Baptism date	Place		
First Penance date	Place		
First Eucharist date	Place		

Child's Name: _____	M/F <small>(circle)</small>	Grade _____ <small>(2018-19)</small>	School _____
Birth Date: _____			
Health concerns regarding this child: _____			
Learning disabilities we need to be aware of: _____ (Supply IEP if possible)			
Sacraments received:			
		Parish	Location
Baptism date	Place		
First Penance date	Place		
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Child's Name: _____	M/F <small>(circle)</small>	Grade _____ <small>(2018-19)</small>	School _____
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Baptism date	Place		
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Child's Name: _____	M/F <small>(circle)</small>	Grade _____ <small>(2018-19)</small>	School _____
Birth Date: _____			
Health concerns regarding this child: _____			
Learning disabilities we need to be aware of: _____ (Supply IEP if possible)			
Sacraments received:			
		Parish	Location
Baptism date	Place		
First Penance date	Place		
First Eucharist date	Place		