

**ST. ELIZABETH ANN SETON PARISH: 2020 – 2021  
REGISTRATION FORM – PARISH RELIGION PROGRAM (PRP)**

**PRESCHOOL PRP (Ages 3 Years - Kindergarten)**

Today's Date \_\_\_\_\_

Family Name \_\_\_\_\_ Returning Family \_\_\_\_ NEW FAMILY \_\_\_\_

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: \_\_\_\_\_

Cell # we should use to Group Text you for class changes/emergency weather updates? \_\_\_\_\_

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, 2020 + Classes begin Sunday, September 13, 2020**

**Fees:**

\$ 75.00 one child

\$ 125.00 two children

(Family maximum \$250.00 for children 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, 2020**

~ 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)**

**PRP PRESCHOOL STUDENT INFORMATION**

**2020-2021**

**Please indicate which class you desire your child to be placed in:**



PRP Preschool classes meet Sunday morning from 9:30 am – 10:30 a.m. during the school year.



**Pre-School 3-4 year old class (3 – 4 year olds)**

**Kindergarten (5 -6 year olds)**

**FAMILY NAME** \_\_\_\_\_

<b>Child's Name:</b> _____	M/F (circle)	Age _____ (as of 9/2020)	Class choice _____
Date of Birth: _____	Preschool attending: _____		
Health/allergy concerns with this child: _____			
Learning disability or other concerns: _____			
<b>Baptism date:</b> _____	Place: _____	Parish _____	Location _____

<b>Child's Name:</b> _____	M/F (circle)	Age _____ (as of 9/2020)	Class choice _____
Date of Birth: _____	Preschool attending: _____		
Health/allergy concerns with this child: _____			
Learning disability or other concerns: _____			
<b>Baptism date:</b> _____	Place _____	Parish _____	Location _____

<b>Child's Name:</b> _____	M/F (circle)	Age _____ (as of 9/2020)	Class choice _____
Date of Birth: _____	Preschool attending: _____		
Health/allergy concerns with this child: _____			
Learning disability or other concerns: _____			
<b>Baptism date:</b> _____	Place _____	Parish _____	Location _____