

# Home-Based Catechesis Registration Form

## Sacred Heart Parish

**PREP Year:**

<b>Child's Last Name:</b>
<b>Child's First Name:</b>
<b>Level in PREP:</b>

Since your child(ren) is expected to attend parish activities associated with Home-Based Catechesis, the following information is necessary.

<b>Special Needs Information:</b>
If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.
Allergies:
Prescribed Medications:
Accommodations for Special Learning Needs. (please specify)

<b>Date of Birth:</b> Month ____ Day ____ Year ____
<b>Gender:</b> Male ___ Female ___

<b>Father's Information:</b>
First Name:
Last Name:
Father's Cell:
Father's Email:

<b>Mother's Information: (please include Maiden name)</b>
First Name:
Last Name:
Maiden Name:
Mother's Cell:
Mother's Email:
Please include Step Father/Mother, Guardian if applicable:
Home Address:
Home Phone Number:
Email Address for PREP contact use:

<b>Sacrament Information:</b>
<b>1. Baptism:</b>
A. Date:
B. Performed by:
C. Place:
D. Address:

(Over)

<b>2. Reconciliation:</b>	
	A. Date:
	B. Performed by:
	C. Place:
	D. Address:
<b>3. First Communion:</b>	
	A. Date:
	B. Performed by:
	C. Place:
	D. Address:
<b>4. Confirmation:</b>	
	A. Date:
	B. Performed by:
	C. Place:
	D. Address:

<b>Emergency Information:</b>	
Family Physician or Practice:	
Contact Phone Number:	
Health Insurance Company:	
Group #:	
If we are unable to reach you, whom should we contact?	
Contact Person:	
Phone Number:	
<b>Consent for Medical Care:</b> I give permission that in my absence my children whose name appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in programs and activities at Sacred Heart Parish	
Signed:	
Relationship to Child:	Date: