

## Holy Angels' 2012-2013 PRE Registration

# READ ME FIRST!

## VERY IMPORTANT REMINDERS


Tuition paid on or before 3:00 pm on July 13, 2012 receives a 20% discount: \$20 for the first child, \$4 for each remaining child in a family.

Full Tuition must be between July 14, 2012 and August 3, 2012: \$25 for the first child, \$5 for each remaining child in a family.

**Registration will close at 3:00 pm on Friday, August 3, 2012 except for new families moving into Dyer and Lake Counties.**

**To Receive a Tuition Scholarship you must make an appointment with Father Bob.** (See tuition form on the back of this sheet.)

A **PRE Registration Form**, a **Medical Release Form**, and a **Media Permission Form** must be completed **each year for each student** in the PRE program. All three forms are included in the registration packet.



**If your child has received a sacrament (Baptism, 1<sup>st</sup> Communion, 1<sup>st</sup> Penance, Confirmation) or made a Profession of Faith in a Catholic church other than Holy Angels, please attach a copy of the sacramental certificate to this registration packet.**

**Children who are registered in sacramental years** (2<sup>nd</sup> grade for First Communion or 8<sup>th</sup> grade for Confirmation) 1. Must have attended P.R.E. the previous year either at Holy Angels Church or some other Catholic Church or school. If they attended P.R.E. at another Catholic Church or school the previous year, they must provide proof in writing from the church or school. If they're unable to do so, they will be placed in the 1<sup>st</sup> grade or the 7<sup>th</sup> grade, as appropriate. 2. Must provide a copy of the certificate for all sacraments already received. For example: Baptismal certificate, 1<sup>st</sup> Communion certificate. 3. Must complete the appropriate sacramental registration packet: 1<sup>st</sup> Penance/1<sup>st</sup> Communion Registration or Confirmation Registration.

Kindergarten, 1<sup>st</sup> grade, 2<sup>nd</sup> grade, 3<sup>rd</sup> grade, 4<sup>th</sup> grade, 5<sup>th</sup> grade, 6<sup>th</sup> grade, 9<sup>th</sup> grade, 10<sup>th</sup> grade, 11<sup>th</sup> grade & 12<sup>th</sup> grade will meet from 9:30 am – 10:30 am on **Sunday mornings beginning August 19, 2012.**

7<sup>th</sup> & 8<sup>th</sup> grades (Confirmation Preparation) & Youth Group will meet at the church on Wednesday evenings from 6:00 – 8:00 pm **beginning Wednesday, August 21, 2012.**



**Holy Angels Catholic Church**

Parish Religious Education

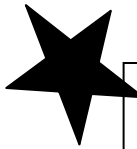
Registration Form

2012-2013 School Year

Please read and complete the following form carefully.

**Student Information:**

Student's Full Baptismal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Grade entering this school term: \_\_\_\_\_  
 School System: \_\_\_\_\_



Please complete both sides of form.

**Provide email address if you would like to be notified by email of class cancellation:**

**Email:** \_\_\_\_\_

**Sacramental Information – Please enclose a copy of the sacramental certificate for all sacraments not received at Holy Angels, Dyersburg.**

<b>Baptism</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Date/Church:</b>	_____
<b>1<sup>st</sup> Penance</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Date/Church:</b>	_____
<b>1<sup>st</sup> Communion</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Date/Church:</b>	_____
<b>Confirmation</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Date/Church:</b>	_____

**Parent Information:**

**Father's Name:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Work#:** \_\_\_\_\_  
**Religion:** \_\_\_\_\_  
**Marital Status** \_\_\_\_\_

**Mother's Name:**

**Employer:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_  
**Religion:** \_\_\_\_\_  
**Marital Status:** \_\_\_\_\_

**Emergency Release and Insurance Information:** This section must be completed by a parent or legal guardian.

Name of person completing this section: \_\_\_\_\_

Phone at which above can be reached in case of an emergency:

Emergency number and contact if above can not be reached: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Hospital Insurance \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Physician Name & Phone Number \_\_\_\_\_

In the event of an emergency and no one at the above number can be reached, I give my permission for \_\_\_\_\_ to be taken to a doctor or hospital, by ambulance if deemed necessary, and hereby authorize medical treatment and assume financial responsibility of all bills, if any.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



## Health Form & Medical Release

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M - F  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If Parent or guardian cannot be reached in an emergency, then please notify:

1- \_\_\_\_\_ Phone H: \_\_\_\_\_ W: \_\_\_\_\_  
2- \_\_\_\_\_ Phone H: \_\_\_\_\_ W: \_\_\_\_\_

### Health History

Any preexisting or present medical conditions? Describe.

Name and dosage of any medications that must be taken.

Any allergies? Allergic to any medications? Describe.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Insect Stings     | <input type="checkbox"/> Epilepsy/Nervous Disorder | <input type="checkbox"/> Frequent Stomach Upsets |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Heart Condition           | <input type="checkbox"/> Major Illness Past Year |

If any of the above are checked give details (i.e., include normal treatment of allergic reactions).

Date of last tetanus shot: \_\_\_\_\_  Contact Lenses  Swimming Restrictions \_\_\_\_\_

Activity Restrictions? \_\_\_\_\_

Is your child under any special medical treatment or diet that needs to be continued? Describe. \_\_\_\_\_

*In case of medical or surgical emergency, I hereby give permission to the physician selected by :*

\_\_\_\_\_  
(School/Church/Group)

*Or his/her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for the sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Insurance Policy# \_\_\_\_\_ Insurance Certificate# \_\_\_\_\_

If the situation permits, my first choice of hospital is: \_\_\_\_\_

\*Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

(Diocesan Health Form & Medical Release)

## Media Permission

Dear Parents and Students

In an attempt to keep you better informed in what we are doing I have decided to create a Facebook for our youth group. It will contain your calendar for youth group and PRE, pictures of PRE and youth group, schedule for youth mass, important dates such as conformation any events coming up.

Being able to do this I am required to have a media release in order for you to participate and have any photos posted of you on web site during activities. Please sign and have parents sign the attached form and return to me or place in my box *outside the PRE office*.

*Thank you,*

*Deborah McCallen*

# Media Release

I, \_\_\_\_\_ (parent) hereby consent to free use by the Catholic Diocese of Memphis and/or Holy Angels, of my child's name photo and likeness for publication or display purposes.

The purpose, as well as the type and duration of the publicity, will be to promote the activities or achievements of the school/church and its students. Images may be used in newspaper, newsletters, magazines or videos, or on the youth group facebook website or church website.

I have read this release and fully understand its contents.

Signed:

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Participant

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Parent if participant is a minor

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Date