

# 2019-2020 St. Mary of Vernon Parish Religious Education Program and Youth Ministry Confirmation

Student Name: \_\_\_\_\_ PREP Grade 2019-20 \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Parents' Last Name (if different from Student): \_\_\_\_\_

**List 1st, 2nd, and 3rd choice**  
**(at least 2 choices must be listed in order to be processed)**

\_\_\_\_\_ **Summer:** June 10 - 14 and June 17 - 21: **9am - 12:30pm** (Grades 1 - 6)  
**STUDENTS MUST ATTEND ALL TEN SESSIONS, including Friday Liturgy.**  
**STUDENTS MUST ARRIVE ON TIME; EARLY DISMISSAL IS NOT PERMITTED!**  
 Due to the popularity of the summer session and limited space in the building, registration will be limited to actively participating parishioners who have been registered with St. Mary of Vernon for at least one year.

**Fall Sessions - Grades K-8:** September - April

\_\_\_\_\_ **Sunday Morning: 8:45am - 11:00am** (Grades K-6)

\_\_\_\_\_ **Sunday Evening: 6:00pm - 8:15pm (Grades 7-8)**

\_\_\_\_\_ **Monday After School: 4:15pm - 6:30pm** (Grades 1-6)

\_\_\_\_\_ **Monday After School: 4:15pm - 6:30pm**(New Beginnings I and II only)

**Fall Sessions - High School Confirmation:** October - April

\_\_\_\_\_ **Wednesday Evening:** time tbd

<u>TUITION</u>	<u>Before 5/1</u>	<u>As of 5/1</u>	
1 Child	\$200	\$250	_____
2 Children	\$300	\$350	_____
3 Children (or more)	\$400	\$450	_____
<u>Additional Fees</u>			
Eucharist		\$ 50	_____
Confirmation—year I		\$ 35	_____
Confirmation—year II		\$ 50	_____
Grade 5/NB II/HS Bible		\$ 25	_____
Books & supplies (per student)	\$ 30	x _____ =	_____
<b>Family Total Due</b>			_____

**All outstanding balances must be paid before registration can be processed.**  
**Some form of payment must be made at time of registration.**

**Tuition Payment Options**

**1. Full Payment at time of registration—Summer and Fall: cash, check, charge.**  
**2. Deferred Payment Plan (must register with GiveCentral):**  
**Summer PREP—1/3 due at registration, 1/3 due February 15<sup>th</sup>, 1/3 due April 15<sup>th</sup>.**  
**Fall PREP—1/3 due at registration, 1/3 due May 2<sup>nd</sup>, 1/3 due August 1<sup>st</sup>.**

Note: In case of financial difficulty, adjustments can be made—see office.

Office Use Only

**Family Total Due** \$ \_\_\_\_\_

**Payment** \$ \_\_\_\_\_

**Balance** \$ \_\_\_\_\_

**Check #** \_\_\_\_\_

**Credit** \_\_\_\_\_

**Cash** \_\_\_\_\_ **Date** \_\_\_\_\_

Parish # \_\_\_\_\_

# of Children in PREP \_\_\_\_\_ Grades \_\_\_\_\_

Date received: \_\_\_\_\_

Time received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Address: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email 2: \_\_\_\_\_

Mother's **Maiden Name:** \_\_\_\_\_ Child lives with: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_

**SACRAMENTS RECEIVED**  
 (Please write in YES or NO)

Baptism \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_

Parish of First Eucharist: \_\_\_\_\_

**PHOTO RELEASE FOR MINORS** - Photographs or videos used on parish bulletin boards, newsletters, social media, and on the parish website. No personal information or student names used.

\_\_\_\_\_ It is permissible to use my son/daughter's photograph or video on parish communication described above.

\_\_\_\_\_ I do not give my consent to have photographs or video of my son/daughter used by St. Mary of Vernon in any way.

**PUBLIC SCHOOL INFORMATION** (for September 2019)

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Parental Pledge for Success and Medical information on the back of this form must be completed at time of registration.**  
**Registration cannot be processed if both sides are not filled out completely.**

# PREP Parental Pledge for Success

2019-20

Families involved in PREP are requested to give of their time, talent and treasure. All three are necessary to support and maintain our formational ministry to young people. The success of any Religious Education Program depends on the responsibility taken by, interest of, and support given by you, the parents. We cannot stress the importance of this enough. "YOU ARE THE FIRST TEACHERS OF FAITH."

## Please choose at least one of the following areas:

- Catechist/Teacher. *(Lead catechists/teachers receive free family tuition.)*
- Assistant Catechist/Teacher.
- Substitute Catechist/Teacher. *(Please note that a prepared lesson plan will be provided to you)*
- YM Youth Leader. *(High School Students)*
- Office Helper or Hall Monitor.
- Parking Lot Safety Team.
- PREP Hospitality Team.
- Youth Ministry Hospitality Team.
- Children's Liturgy of the Word (CLOW) Team.
- PREP Registration Team.
- Special Family Events Team. *(Fall Fest, Christmas Pageant, etc.)*
- Donation for those who are in need of assistance. *(Please include with registration)*

You will be contacted as you are needed.

*"We can do no great things, only small things with great love."*

*- Mother Teresa*



## St. Mary of Vernon Religious Education

1/19

### 2019-20 MEDICAL INFORMATION: AUTHORIZATION FOR MEDICAL TREATMENT

#### MEDICAL / EMERGENCY INFORMATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tetanus current y/n: \_\_\_\_\_

Medical allergies / conditions:

Medical Insurance Company

Physician

Insurance #

Phone #

Mother's Name

Father's Name

Emergency Contact (other than parent)

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Relationship \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Other # \_\_\_\_\_

#### MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education, Youth Minister or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary. This release is in place during the time my (our) child is present for Religious Education class, Youth Ministry session and/or special events at SMV.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_