



PARENTAL INFORMATION

Immaculate Conception Parish

PREP Office | 770 Deerfield Rd., Highland Park, IL 60035 | T (847) 433-0130 | PREPoffice@icparish.org

2019-20 Parish Religious Education Program PREP Registration Form

GENERAL FAMILY INFORMATION

FAMILY LAST NAME:		Primary Family Phone #	Secondary Family Phone #	
Home Address:		City:	State:	Zip:
Email: (for PREP Communications)			Are you a registered parishioner at IC? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Name of current parish http://www.icparish.org/join-the-parish-community	

STUDENT ENROLLMENT INFORMATION

CHILD #1 FIRST NAME:	Date of Birth: M/D/YYYY	School (Fall 2019):	Grade (Fall 2019):	Male/Female
Please explain any learning or other disabilities that require accommodation: Please explain. If none, please write "NA".				
Allergies: If none, please write "NA".				

CHILD #2 FIRST NAME:	Date of Birth: M/D/YYYY	School (Fall 2019):	Grade (Fall 2019):	M <input type="checkbox"/> F <input type="checkbox"/>
Please explain any learning or other disabilities that require accommodation: Please explain. If none, please write "NA".				
Allergies: If none, please write "NA".				

CHILD #3 FIRST NAME:	Date of Birth: M/D/YYYY	School (Fall 2019):	Grade (Fall 2019):	M <input type="checkbox"/> F <input type="checkbox"/>
Please explain any learning or other disabilities that require accommodation: Please explain. If none, please write "NA".				
Allergies: If none, please write "NA".				

CHILD #4 FIRST NAME:	Date of Birth: M/D/YYYY	School (Fall 2019):	Grade (Fall 2019):	M <input type="checkbox"/> F <input type="checkbox"/>
Please explain any learning or other disabilities that require accommodation: Please explain. If none, please write "NA".				
Allergies: If none, please write "NA".				

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FATHER'S NAME:		Cell #	Email:		Religion:
Street Address (if different than child):			City:	State:	Zip:
MOTHER'S NAME:			Maiden Name:		Religion:
Cell #		Email:			
Street Address (if different than child):			City:	State:	Zip:
Does the child live with both parents? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, does child have permission to go home with either parent? (Please explain)			
Parental consent for Immaculate Conception PREP to use photographs that may include my children in printed publications (church bulletins, etc.):					Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION

Emergency Contact Name (If Parent can't be reached):		Primary Phone #:	Secondary Phone #:	Relationship to child:
Physician to call for an Emergency:			Physician Phone #:	

TUITION AND FEES

Early Bird Tuition (through June 30, 2019) PAYMENT MUST MADE BE IN FULL <input type="checkbox"/> One Child - \$325 <input type="checkbox"/> Two Children - \$475 <input type="checkbox"/> Three + Children - \$595 <input type="checkbox"/>	Total Early Bird Tuition:
Parishioner Tuition beginning July 1, 2019 please ADD \$50 per child non parishioner tuition <input type="checkbox"/> One Child - \$375 <input type="checkbox"/> Two Children - \$525 <input type="checkbox"/> Three + Children - \$625 <input type="checkbox"/> Tuition Assistance/Scholarship needed <small>(Please Contact the PREP Office)</small> A deposit of \$50 is required PER FAMILY upon registration. If paying a sacramental fee, the fee may count towards the deposit. *COPY OF BAPTISMAL RECORD MUST ACCOMPANY REGISTRATION OR BE SUBMITTED PRIOR TO THE FIRST DAY OF CLASS	Total Tuition:
Sacramental Fees (if applicable per child): <input type="checkbox"/> 1st Comm. - \$60 <input type="checkbox"/> Confirmation - \$115 (Must be paid IN FULL at registration for each child receiving sacraments)	Sacramental Fees:
Payments can be made in three ways: <ul style="list-style-type: none"> • Online payment available at: https://www.givecentral.org/location/109/event/2565 (In GiveCentral- Please make sure you are paying under "Religious Education Tuition"). • By mail, check payable to: Immaculate Conception Parish. Please mail to: PREP Office, 770 Deerfield Rd, Highland Park, IL 60035 • In person, please make payment during parish center office hours, payable to: Immaculate Conception Parish 	TOTAL AMT DUE:

For office use only:	Payment Date	Payment Amount	Give Central	Check #

In case of an accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is not possible to contact this physician, the Director of Religious Education representative or assistant may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated on this form.

Parent/Guardian Signature: _____

Date: _____