

# Our Lady of Peace

## PREP Program Registration

Name \_\_\_\_\_ M\_\_ F\_\_

First

Middle

Last

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Baptism Certificate Place \_\_\_\_\_ Birth Date \_\_\_\_\_

Baptism certificates are required for all children in First Grade unless the child was Baptized here at OLP or Notre Dame . Exact dates need to be written for ALL children.

Are you a registered member of OLP \_\_\_\_\_ If not do you have permission from your Parish to attend Prep Classes here \_\_\_\_\_

Last Year of Prep Classes for your child \_\_\_\_\_ Current Grade \_\_\_\_\_

Please List All Siblings (Grade and First names) \_\_\_\_\_

\_\_\_\_\_  
Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Information

Baptized \_\_\_\_\_

Parish

City

Exact Date

Eucharist \_\_\_\_\_

Parish

City

Exact Date

In Case of Emergency Call \_\_\_\_\_

Name

Phone

### Consent For Medical Care

I give my permission that in my absence, my child whose name appears on the reverse side of this form may receive emergency medical care.

Signed (Parent/Legal Guardian)

\_\_\_\_\_ Date \_\_\_\_\_

Please list any Allergies/ Medical conditions, Disability/Support

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Parent Signature

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Do not Write in this space      Date/Dates

Cash \_\_\_\_\_

Check Number \_\_\_\_\_

Amount \_\_\_\_\_

Grade/Grades \_\_\_\_\_

