

ST. ELIZABETH ANN SETON PARISH
REGISTRATION FORM – PARISH RELIGION PROGRAM (PRP)

2019 – 2020

PRESCHOOL PRP (Ages 3 Years - Kindergarten)

Today's Date _____

Family Name _____ Returning Family NEW FAMILY

Are you a currently registered parishioner of St. Elizabeth Ann Seton Parish? Yes No
If "No" please register at the Parish Office. You **must** be a member to enroll in the PRP program.

Address _____ City _____ Zip _____

Home Phone _____ Email: _____

Father's Name _____ Work Phone _____ Cell _____

Religion _____

Mother's Name _____ Work Phone _____ Cell _____

Religion _____

Registered child/children live with: Father and Mother
Father Mother Grandparent Other
Shared custody will affect attendance
Additional Phone Number _____

Registration Form due July 15, 2019 † Classes begin Sunday, September 8, 2019

Fees:

\$ 75.00 one child
\$ 125.00 two children
(Family maximum \$250.00 for children in Preschool and Elementary Program)

Payment:

Pay in Full at time of registration
 I would like to discuss financial aid/payment plan
 Teacher Waiver

Payment is due at the time of registration

Unless other arrangements have been made and approved by the Parish Staff.
All returned checks will be assessed for bank fees incurred

LATE FEE: \$ 25.00 on returning student registrations after JULY 15, 2019
~ Late registration accepted ONLY as space allows ~

Fill out this form, attach cash or a check made payable to: **St. Elizabeth Ann Seton Parish**, return it with the Emergency Medical Form to the PRP office, drop it in the collection basket, or mail to parish office:
St. Elizabeth Ann Seton
5890 Buckwheat Road
Milford, OH 45150

Office Information Only:

Date _____ Amount of Payment received _____ Check No. _____
Paid By Cash _____ Received by _____ EMF Comments _____

STUDENT REGISTRATION FORM - Parish Religion Program (PRP)

PRP PRESCHOOL STUDENT INFORMATION

2019 - 2020

Please indicate which class you desire your child to be placed in:



PRP Preschool classes meet Sunday morning from 9:30 am – 10:30 a.m. during the school year.



3 year old class (3 – 4 year olds)

4 year old class (4 – 5 year olds)

Kindergarten (5 -6 year olds)

FAMILY NAME _____

Child's Name: _____	M/F (circle)	Age _____ (as of 9/19)	Class choice _____
Date of Birth: _____	Preschool attending: _____		
Health/allergy concerns with this child: _____			
Learning disability or other concerns: _____			
Baptism date: _____	Place: _____	Parish _____	Location _____

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