ST. JULIE BILLIART PREP REGISTRATION FORM 2011-2012
REGISTRATION FEE OF $50.00 PER STUDENT(non-refundable) MUST BE PAID BY September 12, 2011
Sacramental Fees $25.00 (Grade 2) $10 Late Registration Fee after June 30th.

Grades K-8 Schedule 9:45 a.m. - 10:45 a.m.

All first grade and Sacramental students must provide a copy of their baptismal certificate to the PREP office.

Child's Name _____ Date of Registration _____
First Middle Last

Grade Level 2011-2012 (please circle):
Address _____ K 1 2 3 4 5 6 7 8

City _____ State _____ Zip Code _____ Home Phone # _____
Birth Date _____ Birth Place _____

Ethnic Background: ( )Black ( ) White ( )Hispanic ( ) Other Sex: Male Female
(please circle)
E-Mail address _____
Emergency Contact _____ Relationship _____Phone Number _____
Cell Number _____
Medical Condition(s) _____
_____
_____
Allergies _____

Custodial Parents/Guardians Name(s):_____
( ) Both Parents at Home ( ) Mother Only ( ) Father Only ( ) Grandparents
( ) Father and Stepmother ( ) Mother and Stepfather ( ) Guardian ( ) Foster Parents
( ) Other _____

Birth Parents Information
FATHER _____ Religion _____
Last First Middle

( ) Living ( ) Deceased Marital Status _____

Birth Parents Information
MOTHER _____ Religion _____
Last First **Maiden**

( ) Living ( ) Deceased Marital Status _____

Sacraments: List the date,church and address where your child received the following sacraments.

Baptism Date _____ Church Name_____
Church Address _____ Church City, State, Zip _____

1st Communion Date _____ Church Name_____
Church Address _____ Church City, State, Zip _____

Confirmation Date_____ Church Name_____
Church Address _____ Church City, State, Zip _____

If applicable, custody papers must accompany registration form.

St. Julie Billiart PREP is always in need of volunteers for various activities. All volunteers must adhere to the policies in the Archdiocese of Cincinnati's Decree on Child Protection, which requires a fingerprint/background check and attendance at a Decree on Child Protection training class. For more information about this policy, please contact the parish office at 863-1040.

FOR OFFICE USE ONLY Amount Paid_____ **Check#**_____**Cash**_____**Date**_____

Amount Paid _____ Check # _____

Date Paid _____ Cash _____