

**For Office Use**  
 Family Name: \_\_\_\_\_  
 Home Parish: \_\_\_\_\_  
 Date rec'd: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Online Payment: \_\_\_\_\_

**St. Basil the Great Parish, Phoenixville**  
**2024-25 Parish Religious Education Registration Form**

**Registration Period Ends: August 31, 2024**  
**Family Tuition Rates: 1 child/\$175, 2 children/\$300, 3 or more children/\$425**

*For first time registrations, please provide all requested information and a copy of each child's Baptismal Certificate if not Baptized at St. Basil the Great Parish. For all other registrations, please complete first 5 columns (shaded in gray) ONLY. Please print clearly. Thank you.*

Child's Full Name (First, Middle, & Last)	M/F	Date of Birth	Last PREP Level Completed	Name of School Attending and Grade in 2024-25	Baptism Date & Parish	1st Penance Date & Parish	1st Communion Date & Parish

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code Email(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Religion: \_\_\_\_\_

**CUSTODY: Are there any custody/legal issues?**  yes  no (If yes, please provide a complete copy of the latest court order.)

\*Name of person responsible for religious education if not a Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Parent/Guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

By signing below, I hereby agree to the following:

- My child/ren's participation in the PREP program is conditioned on my acceptance of all program requirements and expectations as outlined/provided to me from time to time.
- I give permission for my child/ren's name(s) and/or image(s) to appear on the parish website, social media pages, bulletin/message boards, bulletins, sacramental or event programs, print media, any other similar or related media, any synchronous or asynchronous remote learning which may be recorded and posted by the parish online, and any live-streamed and/or recorded liturgies, classes, events, and/or meetings associated with the parish religious education program and/or other parish events posted online.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

## St. Basil the Great Parish, Phoenixville 2024-25 Parish Religious Education Registration Form

**EMERGENCY INFORMATION:**

Since your child/ren is expected to attend activities and events associated with parish religious education programs, please provide the following information:

Health Insurance Co: \_\_\_\_\_ Policy/Group No: \_\_\_\_\_

Person Responsible for Charges: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my child/ren whose names appear on page 1 of this Registration Form, may receive emergency medical care for injuries and all situations that should occur while participating in parish religious education programs and related events and activities. I accept responsibility for all medical expenses arising out of my child's participation in parish religious education programs and related events and activities.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA:**

If any of the following apply to your child, please list his/her name, check the appropriate box, and give details in the appropriate spaces.  
If you answer "Yes" to G/IEP or 504 Service Agreement, then please also complete and attach a detailed Child Information Form (available from the DRE).

Child's Name	Medical Conditions or Allergies (describe if yes)	Prescribed Medications	Learning Support Services or *Disability <i>(see IDEA definitions below)</i>	IEP <i>Individualized Education Program</i>	**Immunization <i>Are your child's vaccinations up to date?</i>
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO  <i>If no, has he/she received an exemption from your current school district:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO  <i>If no, has he/she received an exemption from your current school district:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO  <i>If no, has he/she received an exemption from your current school district:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

**St. Basil the Great Parish, Phoenixville**  
**2024-25 Parish Religious Education Registration Form**

Family Name:

**\* IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

**\*\*Immunization:** *Even if your child is exempt from immunizations, he/she may be excluded from events during an outbreak of the vaccine preventable disease.*

Is there other information about your child/ren that we should know?

---

---

---

**RELEASE, WAIVER OF LIABILITY, & INDEMNITY AGREEMENT:**

In consideration for my child/ren being allowed to participate in St. Basil the Great Parish religious education programs and related events and activities (“PREP Activities”), I, as the parent/guardian with legal responsibility for my child/ren, hereby consent and agree, on behalf of myself, my child/ren, my spouse, our heirs, executors, next of kin, legal representatives, assigns, and any other person or entity who can bring claims on behalf of me, my child/ren and/or any other such person, to waive, release, agree not to sue, and forever fully discharge the Archbishop of Philadelphia, the Archdiocese of Philadelphia, all parishes therein and their pastors (both in their individual capacity and in their capacity as pastors including, without limitation, St. Basil the Great Parish and its Pastor), and all of their respective lessors, affiliates, successors, and assigns, and all members, directors, officers, employees, contractors, agents, volunteers, and representatives thereof (collectively, the “Released Parties”) from any and all claims, demands, causes of action, losses, damages, liabilities, judgments, costs, and expenses whatsoever arising out of or connected in any way, directly or indirectly (including, without limitation, injury, illness including from COVID-19, death, or loss of property), with my child/ren’s participation in the PREP Activities, except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to any other Released Party (each a “Claim” and collectively, “Claims”).

If, despite the waiver and release above, I or anyone on my or my child/ren’s behalf makes a Claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, judgment, or cost which may be incurred as a result of such Claim.

BY MY SIGNATURE, I ACKNOWLEDGE I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND AND ACCEPT THE TERMS. I UNDERSTAND I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY AND INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child/ren: \_\_\_\_\_