

1395 Girard Drive
Louisville, KY 40222
502.425.3940 (105)
502.394.9896 (fax)
www.stalbert.org



Child's Last Name: _____

-REGISTRATION DUE August 1

St. Albert the Great Catholic Church Office of Lifelong Formation & Education

Mother: _____
Last Name First Name (Maiden)

Mother's Religion: Catholic Other: _____

Mother's Address: _____
STREET CITY/STATE ZIP

Mother's Email Address: _____

Mother's Home Phone () _____ Mother's Cell Phone () _____

Are you a member of St. Albert the Great Parish? YES (ENV # _____) NO: _____

Father: _____
Last Name First Name

Father's Religion: Catholic Other: _____

Father's Address: _____
STREET CITY/STATE ZIP

Father's Email Address: _____

Father's Home Phone () _____ Father's Cell Phone () _____

Are you a member of St. Albert the Great Parish? YES (ENV # _____) NO: _____

PLEASE MAKE A PAYMENT WITH REGISTRATION: IN FULL DUE AUG. 28

TUITION: (ADD SACRAMENT FEE)**

SACRAMENT FEES: ADDED TO

1 Child \$80.00
2 Children \$100.00
3 Children \$120.00
4 Children \$140.00

(** IF YOU HAVE A
STUDENT IN 1ST, 2ND,
OR 8TH GRADE,
PLEASE ADD THE
SACRAMENT FEE)

1st Grade: Reconciliation \$35.00
2nd Grade: First Eucharist \$65.00
8th Grade: Confirmation \$120.00

STUDENT INFORMATION

NAME: (first, middle, last) _____ **GRADE IN FALL:** _____

Circle One: **Male** **Female**

BIRTH: _____ **in** _____ **SCHOOL ATTENDING:** _____
(date) (city / state/ zip)

BAPTISM: _____ **on** _____ **in** _____

RECONCILIATION: _____ **on** _____ **in** _____

COMMUNION: _____ **on** _____ **in** _____

CONFIRMATION: _____ **on** _____ **in** _____
(Name of Church) (date) (city / state/ zip)

NAME: (first, middle, last) _____ **GRADE IN FALL:** _____

Circle One: **Male** **Female**

BIRTH: _____ **in** _____ **SCHOOL ATTENDING:** _____
(date) (city / state/ zip)

BAPTISM: _____ **on** _____ **in** _____

RECONCILIATION: _____ **on** _____ **in** _____

COMMUNION: _____ **on** _____ **in** _____

CONFIRMATION: _____ **on** _____ **in** _____
(Name of Church) (date) (city / state/ zip)

NAME: (first, middle, last) _____ **GRADE IN FALL:** _____

Circle One: **Male** **Female**

BIRTH: _____ **in** _____ **SCHOOL ATTENDING:** _____
(date) (city / state/ zip)

BAPTISM: _____ **on** _____ **in** _____

RECONCILIATION: _____ **on** _____ **in** _____

COMMUNION: _____ **on** _____ **in** _____

CONFIRMATION: _____ **on** _____ **in** _____
(Name of Church) (date) (city / state/ zip)

NAME: (first, middle, last) _____ **GRADE IN FALL:** _____

Circle One: **Male** **Female**

BIRTH: _____ **in** _____ **SCHOOL ATTENDING:** _____
(date) (city / state/ zip)

BAPTISM: _____ **on** _____ **in** _____

RECONCILIATION: _____ **on** _____ **in** _____

COMMUNION: _____ **on** _____ **in** _____

CONFIRMATION: _____ **on** _____ **in** _____
(Name of Church) (date) (city / state/ zip)

CHILD'S LAST NAME: _____

PREP FAMILY CONSENT AND RELEASE FORM 2018-2019:
THIS FORM WILL BE KEPT BY EACH CATECHIST FOR USE IN THE EVENT OF AN EMERGENCY

PARENT NAME: _____ SUNDAY AM CONTACT # _____

PARENT NAME: _____ SUNDAY AM CONTACT # _____

FAMILY HEALTH INFORMATION:

Do any of your children receive accommodations in school or have a 504 plan? Do any of your children have any special needs we need to be aware of to better facilitate his/her education? And/or do your children take any medications, have any allergies, or have any medical or mental conditions?

(NAME/GRADE/EXPLANATION)

IN CASE OF EMERGENCY:

In the event you cannot be reached, please indicate an EMERGENCY CONTACT PERSON:

NAME: _____ Phone # _____ RELATION TO CHILD _____

Physician's Name: _____ Phone # _____ LOCATION: _____

If you and the physician of your choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated do you authorize St Albert the Great Parish to send your child (properly accompanied by an adult) to an available hospital or physician?

YES NO Signature of Parent of Guardian: _____

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue comfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

YES NO Signature of Parent of Guardian: _____

PERMISSION TO PHOTOGRAPH:

I hereby give St Albert the Great Parish permission to photograph / video record my child for use on display board, photo album, or slideshow.

Signature of Parent of Guardian: _____

NOTES:

Is there anything else we should be aware of? Please explain.

CHILD'S LAST NAME: _____

PREP Parent Volunteer Sign-Up Sheet 2018-2019

Parent's Name (please print) _____

Email address _____

It takes many hands and hearts to run our PREP program each week. We are so grateful to the many catechists and assistants who devote their time and energy to sustain this ministry. We would also like to invite YOU to be actively involved in your child's formation. **We would ask that each family choose one or more items to commit to this year:**

- o I would be interested in being a FULL time PREP Catechist or Assistant
Commitment: Weekly: August-April
- o I would be willing to be a Substitute Catechist or Assistant (PREFERRED GRADES (____))
Commitment: _____ One day this year – as needed (Lesson plan provided to catechist)
 _____ Each week as needed
- o I would be willing to serve as a Classroom Aide (PREFERRED GRADES: (____))
Commitment: _____ One day this year Preferred Month (s): _____
 _____ 4 days this year (4 Sundays) Preferred Month (s): _____
- o I have a High School student interested in being an Assistant (PREFERRED GRADES: (____))
Commitment: Preferred Weekly but will work with their schedule
- o I would be willing to design and create the monthly PREP Bulletin Board
- o I would be willing to set up or assist with a Sacrament Workshop
Commitment: _____ 1st Reconciliation
 _____ 1st Communion
 _____ Confirmation
- o I would be willing to serve on the PREP advisory board
Commitment: 2 meetings per year
- o I would be willing to donate a breakfast item for a Catechist Appreciation Day

The Catechists, Assistants, and Lifelong Formation staff thank you for your support of our ministry to the children and young people of St. Albert.

God Bless You,

