



## St. Raphael Parish Religious Education Program (PREP) Registration Form 2023-2024

Child's Name \_\_\_\_\_  
First Middle Last

*Please circle or write in preferred name*

Child's date of Birth \_\_\_/\_\_\_/\_\_\_

Member of St. Raphael Y / N (circle one)

Name of School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Sacraments **has received:** (please check below)

\_\_\_ Baptism \_\_\_ Eucharist \_\_\_ Reconciliation \_\_\_ Confirmation

Where child was Baptized:

Name of Church: \_\_\_\_\_

City & State: \_\_\_\_\_ Date of Baptism \_\_\_\_\_

*If your child was baptized at St. Raphael, we will look up the date.*

Father's Information \_\_\_\_\_ Mother's Information \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Maiden Name \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Religion \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_

Please return this form to Pastoral Associate and DRE, Diane Justice  
[djustice@sraparish.org](mailto:djustice@sraparish.org) or 2141 Lancashire Ave. Louisville, KY 40205



## St. Raphael Parish Religious Education Program (PREP) Medical/Photo Release Form 2023-2024

Child's Name \_\_\_\_\_

Child's date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

If we can't contact Mom or Dad who should be contacted?

Emergency Contact 1 Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact 2 Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Medical Release:** I agree to my son/daughter participating in Religious Education and the activities run by the team. I understand that every care will be taken to ensure the health, safety and welfare of my child. I understand a ministry representative will contact the parents or the above contact if parents cannot be reached as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. I realize that I cannot hold the parish or the Archdiocese of Louisville responsible for such an emergency.

### Allergies/Medical Conditions:

Is your child required to carry an inhaler/epi-pen or any other medical supplies or medication with them while attending class? Y / N (circle one) If yes, please explain:

**Photo/Video/Website Release:** I the parent/guardian of the above-named child do hereby give St. Raphael Church permission for my child to be photographed during Religious Education events. I understand these may be used in promotional materials (including but not limited to – Church Bulletin, Website, Facebook. I release St. Raphael and the Archdiocese from any and all liability.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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