

FAMILY PAGE Drexel Hill Regional Catholic Parish Religious Education Program

St. Andrew, St. Bernadette, St. Charles Borromeo,
and Sacred Heart (Clifton Heights)

PREP Classes take place on Monday evenings,
from 6:30-7:50pm. A schedule will be distributed in Sept.

For Office Use:

Child's Last Name _____

School Year: 2026-2027

Fee: _____ Check #: _____

1 child - \$150, 2 children - \$250, 3+ children - \$300

FAMILY'S PARISH OF REGISTRATION: St. Bernadette St. Andrew St. Charles Sacred Heart

STREET ADDRESS: _____

CITY/ZIP CODE: _____ HOME PHONE: _____

FATHER'S NAME: _____

CELL #: _____ RELIGION: _____

EMAIL: _____ All emails Emergency only

MOTHER'S NAME: Ms/Mrs/Miss _____

CELL #: _____ RELIGION: _____

EMAIL: _____ All emails Emergency only

WHICH PHONE NUMBER IS BEST TO REACH YOU? _____

Is there any other email address you would like to add? _____

Custody: Are there any custody/legal issues? Yes No

(If yes, please provide a complete copy of the latest court order.)

***Name of person legally responsible for Religious Education if not a Parent or Legal Guardian**

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

Name: _____ Relationship: _____

I have read the Family Handbook and agree to the requirements and expectations of the Parish Religious Ed Program.

I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish website, and live-streamed and/or recorded liturgies and events associated with the Parish Religious Education Program.

Signature: _____ Date: _____

Relationship to Child(ren): _____

Emergency Contact Information: If we are unable to reach the parents listed above, whom should we contact?

Name: _____ Relationship: _____

Phone Number (Home): _____ (Cell): _____

Consent For Medical Care:

I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program and activities at the Parish.

Signed (Parent or Legal Guardian): _____ Date: _____

Child(ren)'s Name(s): _____

****Please also complete an Individual Child Page for each child being registered.**

Revised 5/1/2026