



Old St. Joseph's Church

PREP PROGRAM

321 WILLINGS ALLEY

PHILADELPHIA, PA 19106

A legal guardian must complete this form for each child and return to [prep@oldstjoseph.org](mailto:prep@oldstjoseph.org) or mail to address at left.

## PREP REGISTRATION 2023/2024

**FEES:** 1 child: \$ 250 / 2 children: \$ 465 / 3 children: \$ 645

☐ **Online:** Go to: [oldstjoseph.org](http://oldstjoseph.org) / Parish Life / Make a Donation—  
click on *ParishSOFT Giving*.

☐ **Check:** Send or drop off check to address above.

\_\_\_\_\_  
Child's last name first name sex birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Child's primary street address city state zip

Is this child under a  
custody agreement?

☐ yes ☐ no

\_\_\_\_\_  
Child's school grade

\_\_\_\_\_  
Child's parish

|                         | Parent #1  | Parent #2  | Other legal guardian (if applicable)   | Others who would like to receive emails:   |
|-------------------------|--|--|--|--|
| Name                    | _____  | _____  | _____  | _____  |
| Email                   | _____  | _____  | _____  | _____  |
| Send emails about PREP? | <input type="checkbox"/> yes <input type="checkbox"/> no                         | <input type="checkbox"/> yes <input type="checkbox"/> no                         | <input type="checkbox"/> yes <input type="checkbox"/> no                         |  |
| Phone number            | _____  | _____  | _____  | In the event that we are unable to contact<br>the parent /guardian at the numbers you<br>provided, what number should we call?<br>_____<br>_____ |
| Legal guardian?         | <input type="checkbox"/> yes <input type="checkbox"/> no                         | <input type="checkbox"/> yes <input type="checkbox"/> no                         | <input type="checkbox"/> yes <input type="checkbox"/> no                         |  |
| Religion                | <input type="checkbox"/> Roman Catholic<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Roman Catholic<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Roman Catholic<br><input type="checkbox"/> Other: _____ |  |

Please add any additional information that will  
help us to know your child better, such as: • significant family background  
medical info (include allergies) • behavioral or learning issues

CHILD'S SACRAMENTAL RECORD

Fill in below ONLY if this is the first year your child is in PREP at Old St. Joseph's.

|             | Baptism * | First Communion |
|-------------|-----------|-----------------|
| Church:     | _____     | _____           |
| City/State: | _____     | _____           |
| Date:       | _____     | _____           |

Previous religious instruction, if applicable:

\_\_\_\_\_

\* you will need to provide a copy of your child's baptism certificate asap.