

Blessed Sacrament Church  
**PREP**  
Parish Religious Education Program  
Parish Religious Education Program

BLESSED SACRAMENT CATHOLIC CHURCH  
1003 E. Victory Drive, Savannah, GA 31405  
Phone 912-356-6980 Website: [www.mbschurch.org](http://www.mbschurch.org)  
Contact: Garett Sabogal, DRE, 912-257-8997  
or email: [garett.sabogal@gmail.com](mailto:garett.sabogal@gmail.com)

Office Use Only  
Date Paid: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Balance Due: \_\_\_\_\_

Registration fee for one child is \$50.00, two children is \$90.00, three or more children is \$125.00.

Classes: Sundays 9:15 a.m. to 10:15 am in the school media center, September through May.

**\*I would like to volunteer as a sub. Parent Name:** \_\_\_\_\_

Child's Grade and School for the upcoming School Year: Grade \_\_\_\_\_ School \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female (please circle)

Place of Birth (City & State) \_\_\_\_\_, \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Emergency Phone(s) # \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Religion \_\_\_\_\_ Living or Deceased (please circle)

Mother's First and Maiden Name \_\_\_\_\_

Religion \_\_\_\_\_ Living or Deceased (please circle)

**Please Circle Family Information**

Married    Separated    Single-Parent    Divorced    Remarried

\*Student's Baptism (Name of Church) \_\_\_\_\_

\*City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Baptism \_\_\_\_\_

**If not baptized at Blessed Sacrament, a copy of baptismal certificate is required.**

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Are you a registered member of Blessed Sacrament Catholic Church? \_\_\_\_\_ If not, please pick up a registration form from the Parish Office and return it before PREP classes begin.

**\*You must be registered, active, & contributing members of Blessed Sacrament Church for your child(ren) to attend PREP classes.**

**Sacramental Information: (if received)**

Name and address of parish in which the Sacrament of Reconciliation (First Penance) was received:

\_\_\_\_\_

Name and address of parish in which the Sacrament of First Holy Eucharist or Communion was received:

\_\_\_\_\_

Date of First Holy Eucharist (Month, Day, Year) \_\_\_\_\_

Has child ever attended a Catholic school? \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Name/address of Catholic school: \_\_\_\_\_

Has your child attended religious education in a previous parish? \_\_\_\_\_, if yes, where? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs or any allergies that we should be aware of? If yes, please list.

\_\_\_\_\_

**Parents are the primary catechists for their children. Families are expected to be active and participating members of Blessed Sacrament and attending weekly Mass and Holy Days of Obligation.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_