

Grade: _____

**ST. PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM (PREP)
REGISTRATION FORM**

STUDENTS INFORMATION

Last Name: _____
Student's Name: _____
Address: _____

Telephone: _____
Email: _____
May I share your email address with the teacher: Yes No

Emergency Contact Name: _____
Telephone: _____
School Grade in September: _____
Birth date (mm/dd/yy) _____
Last Grade in PREP _____
Which Parish? _____

Please attach Student's
Photo

Please state anything that you would like the teacher to know about your child (allergies, medical conditions, ESL, learning difficulties, etc): _____

*****NEW STUDENTS MUST ATTACH A BAPTISM CERTIFICATE.**

PARENTS' INFORMATION

Father's Name _____ Work Telephone: _____
Religion _____ Cell Phone: _____
Mother's Name: _____ Work Telephone: _____
Religion _____ Cell Phone: _____
Are you registered with St. Patrick's Parish? _____

My parish is _____

Parent Signature _____ Date _____

Registration and Fees

On or by July 31: One child- \$80 Two or more children - \$90
On or after August 1: One child- \$100 Two or more children - \$120

OFFICE USE ONLY

Registration: \$80 \$90 \$100 \$120

Payment by: Cash Cheque Received by _____

Date (mm/dd/yy) _____