ID PHOTO OF STUDENT

SAINT PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM FOR NEW STUDENTS PREP YEAR 2020-2021

	ATION: All information gathered in this form will be shared only with parent and guardian's cor		
Last Name:	First Name:		
Address:			
Grade in School by S	September 2020 Last Grade in PR	EP	
Father's Name:	-		
Religion			
Telephone (Work)	(Home) Email		
Mother's Name:	Religion:		
Telephone: (Work)	(Home)		
E-mail Address:			
Guardian's Name: _	Contact Numb	er	
	zed in the Roman Catholic Church? YES ceived their First Communion? YES NO		
When?	Where (Name of Parish and Address)		
N CERTIFICATE UPO	IEW STUDENTS MUST SUBMIT PHOTO COPY	Y OF BAPTISMAL	

		EMERGENCY CONTA	СТ
Contact Name: _			_Phone
Alternate (Contact	Person:	Phone
			g the course of the PREP year, t events of the year. I (consent)
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Parent/Guardia	ent) for m ich as Paris n's signatu <u>N Fee</u>	ny children's photos/v sh Bulletin, newsletter, v	ideos to be used in Church vebsite and PREP Brochures.
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