ID PHOTO OF STUDENT

SAINT PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM FOR <u>RETURNING</u> STUDENTS PREP YEAR 2024-2025

STUDENT INFORMATION: All information gathered in this form will be treated with confidentiality and will be shared only with parent and guardian's consent.						
Student Last Name:		First Name:				
Address:						
Grade in School by Septen	nber 2024	Last Grade in PREP				
Father's Name:		Father's Religion				
Phone # (Home)	(Work)	Email				
Mother's Name:		Mother's Religion:				
Phone # (Home)	(Work)	Email				
Guardian's Name:		Contact Number				
Please state anything the allergies, medical conditi		te the Catechists to know abouing difficulties etc.	ut your child			
	EMERGENO	CY CONTACT				
Main Contact Person:		Phone				
Alternate Contact Person:		Phone:				

<u>Photo & Video Permission</u>: By signing this form I confirm, that I understand that during the course of the PREP year, photos/videos may be taken to record significant events of the year. I consent for my children's photos/videos to be in Church publications such as Parish Bulletin, newsletter, website and PREP Brochures.

Parent/guardian's signature:		Date:					
		REGISTRATIO	N FFF				
		11201011171110					
Early Registration (May 01 to .	July 31, 2024)	Late Registration	on (Aug 1, 2024	onward)		
One Child: \$100 (Early Registration)		One child: \$125 (Late Registration)					
Two or more children: \$120 (Early Registration) Two or more children: \$150 (Late Registration)							
OFFICE USE ONLY (PLEASE ENCIRCLE THE PAYMENT MADE)							
Registration Fee:	·	\$120	\$125	•			
3	****	*	*	•			
Payment by:	Cash	Chequ	ne				
RECEIVED BY:			Date:				
					_		