

ID PHOTO OF
STUDENT

**SAINT PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM FOR RETURNING 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 September 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 that you would like the Catechists to know about your child's allergies, medical conditions, ESL, learning difficulties etc.

EMERGENCY CONTACT

Main Contact Person: _____ Phone _____

Alternate Contact Person: _____ Phone: _____

