ID PHOTO OF STUDENT	SAINT PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM FOR <u>NEW</u> STUDENTS PREP YEAR 2024-2025						
		gathered in this form will be treated with arent and guardian's consent.					
Student Last Name: _	nt Last Name: First Name:						
Address:							
Grade in School by Se	eptember 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:	ardian's Name: Contact Number						
Was your child baptize	ed in the Roman Catho	lic Church? YES NO					
Has your child receive	d their First Commun i	ion? YES* NO					
* If YES, When and V	Vhere did you Child Re	ceive their First Communion?					
(First Communion Dat	e)						
(Name of Parish and A	\ddress)						

NEW STUDENTS MUST SUBMIT PHOTOCOPY OF BAPTISMAL CERTIFICATE UPON REGISTRATION

Certificate attached (Mark X)

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 _____Phone _____

Alternate Contact Person: _____Phone: ____Phone: ____Phone: ____Phone: _____Phone: ____Phone: ___Phone: ___Phone: ____P

<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: _____

REGISTRATION FEE

Early Registration (May 01 to July 31, 2024) Late Registration (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:	\$100	\$120	\$125	\$150			
Payment by:	Cash	Cheque					
RECEIVED BY:			Date:				