

ID PHOTO OF STUDENT

**SAINT PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM FOR NEW STUDENTS
PREP YEAR 2026-2027**

STUDENT INFORMATION: All information gathered in this form will be treated with confidentiality and will be shared only with parent and guardian's consent.

Last Name: _____ Middle Name _____ First Name _____

Address: _____

Month and Day of Birth _____

Grade in School by September 2026 _____ 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 _____

Was your child baptized in the Roman Catholic Church? **YES** ___ **NO** ___

Has your child received their **First Communion**? **YES*** ___ **NO** ___

* If **YES**, **When** and **Where** did you Child Receive their **First Communion**?

(First Communion Date) _____

(Name of Parish and Address) _____

**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 _____

Alternate Contact Person: _____ Phone: _____

Photo & Video Permission: 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

One child (PREP): **\$150**

Two or more children (PREP): **\$225**

One child - Catechesis of the Good Shepherd (age 4-5, CGS) **\$100**

One child - Baptism Preparation Class **\$150**

OFFICE USE ONLY (PLEASE ENCIRCLE THE PAYMENT MADE)

Registration Fee: **\$100** **\$150** **\$225**

Payment by: **Cash** **Cheque** **Card**

RECEIVED BY: _____ Date: _____