

St. Clare of Assisi PREP Registration for 2024- 2025

Family Last Name: _____

Email Address: _____

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name: _____

Mother's Religion: _____

Address _____

City _____ Postal Code _____

Home Phone _____ Cell _____ Work _____

Are you registered at St. Clare's? Yes / No

If Yes, St. Clare's 2022 Envelope # please _____

Child's Name	Date Of Birth (dd/mm/yy)	M / F	Church Where Baptized & Year	<u>1st</u> Communion Church & Year	<u>1st</u> Confession Church & Year	Name of School and Grade in September	Last Level in PREP	Next Level in PREP	BC Medical Care Card

**** Anyone receiving a Sacrament this year or a NEW registration MUST include the child's Baptismal Certificate with their registration. *****

Emergency Contact: Name _____ Phone _____



Important: Please indicate the person(s) who are authorized by you to pick-up your child from **PREP**:

(1) Name _____ Phone _____ (2) Name _____ Phone _____

***Please state in the space below anything that you would like your child's teacher or PREP administration to know—**allergies, medical conditions, English as second language, learning disabilities, behavior issues, class preferences, etc.

Please include a **CHEQUE** payable to **St. Clare's** according to this schedule:

Children in PREP Program	*Active Parishioner	Non-Active Parishioner	FAMILY COST
For 1 child	90.00	150.00	_____
For 2 children	110.00	180.00	_____
For 3 or more children	130.00	210.00	_____

My family has _____ child(ren) attending PREP

Sacrament Fees Per Child			
1 st Reconciliation/Communion	25.00	25.00	_____
Confirmation Fees	25.00	25.00	_____

TOTAL \$ _____

** An Active Parishioner is defined as someone who is registered in the parish & has attended Mass since September 2023 and is using their envelopes regularly.*

*** There is a late fee of \$25 charged for returning families who register after June 15, 2024.*

Please note - preference will be given to St. Clare Registered Parishioners

By signing this form, I accept the obligation of seeing that my child attends class regularly. The information I have supplied is accurate and if there are any problems that may affect my child's behavior in class, I will inform the teacher or coordinator directly.

PARENT'S SIGNATURE: _____

DATE: _____ Amount Enclosed _____

RETURN COMPLETED FORMS TO:

Marna Omichinski, PREP Coordinator
1320 Johnson Street
Coquitlam, B.C. V3B 4T5

OFFICE USE ONLY:

Registration Fee: _____ Sacrament Fee _____ Spirit Day _____ Late Fee _____ Total _____

Date Received _____ Cheque/Cash _____