

St. Clare of Assisi PREP Registration for 2026- 2027

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 2026 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 | 95.00 | 160.00 | _____ |
| For 2 children | 115.00 | 170.00 | _____ |
| For 3 or more children | 135.00 | 220.00 | _____ |

My family has _____ child(ren) attending PREP

Sacrament Fees Per Child

| | | | |
|---|-------|-------|-------|
| 1 st Reconciliation/Communion | 30.00 | 30.00 | _____ |
| Confirmation Fees | 30.00 | 30.00 | _____ |
| Spirit Day Fee (Confirmation requirement) | 50.00 | 50.00 | _____ |
| RCIY Fee | 50.00 | 50.00 | _____ |

TOTAL **\$** _____

** An Active Parishioner is defined as someone who is registered in the parish & has attended Mass since September 2026 and is using their envelopes regularly.*

**** There is a late fee of \$25 charged for returning families who register after June 15, 2026.**

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
 stclareprep@gmail.com

OFFICE USE ONLY:

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

Date Received _____ Cheque/Cash _____