

## St. Clare of Assisi PREP Registration for 2020- 2021

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 2020 Envelope # please \_\_\_\_\_

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

\*\*\*\*NOTE: ALL NEW REGISTRATIONS MUST include the child's Baptismal Certificate with their registration.

Baptismal Cert. YES      NO
<input type="checkbox"/> <input type="checkbox"/>

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.

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

<b>Children in PREP Program</b>	<b>*Active Parishioner</b>	<b>Non-Active Parishioner</b>	<b>FAMILY COST</b>
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

<b>Sacrament Fees Per Child</b>			
1 <sup>st</sup> Reconciliation/Communion	25.00	25.00	_____
Confirmation Fees	25.00	25.00	_____
Spirit Day Fee (Confirmation)	45.00	45.00	_____
<b>TOTAL</b>			<b>\$</b> _____

*\* An Active Parishioner is defined as someone who is registered in the parish & has attended Mass since September 2019 and is using their envelopes regularly.*

*\*\* There is a late fee of \$25 charged for returning families who register after June 15, 2020.*

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 \_\_\_\_\_