

St. Clare of Assisi PREP Registration for 2021- 2022

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 2021 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

***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.

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 2020 and is using their envelopes regularly.*

*** There is a late fee of \$25 charged for returning families who register after June 15, 2021.*

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 _____