St. Clare of Assisi PREP Registration for 2023- 2024

Family Last Name:					Email Address:					
Father's Full	Name:			Father's Religion:						
				Mother's Religion:						
City				Postal Code						
Home Phone	Home Phone			Cell	Work					
Are y	ou registered	l at St	. Clare's? Yes	/ No	If Yes, St. Clare	s's 2023 Envelope	# please_			
Child's Name	Date Of Birth (dd/mm/yy)	M / F	Church Where Baptized & Year	<u>1st</u> <u>Communion</u> Church & Year	<u>1st</u> <u>Confession</u> Church & Year	Name of School and Grade in September	Last Level in PREP	Next Level in PREP	BC Medical Care Card	
** Anyone re	ceiving a Sacra	ament	this year or a NE	EW registration MUS	ST include the chil	d's Baptismal Certi	ificate wit	h their regi	stration. ***	
Emergency Contact: NamePhon					e					
Important: Please in	dicate the perso	on(s) w	vho are authorized	by you to pick-up you	ur child from PREP	?:				
(1) Name Phone			(2) Name			Phone				
*Please state in the s	space below a	nythi	ing that you wou	ıld like your child's	s teacher or PREI	P administration t	o know–	allergies, m	edical conditions,	
English as second langu	age, learning d	lisabili	ities, behavior issu	es, class preferences,	etc.					

Please include a CHEQUE payable to	o St. Clare's accordin	g to this schedule:									
Children in PREP Program For 1 child For 2 children For 3 or more children	*Active Parishioner 90.00 110.00 130.00	Non-Active Parishioner 150.00 180.00 210.00	FAMILY COST								
-	child(ren) attending	g PREP									
Sacrament Fees Per Child 1st Reconciliation/Communic Confirmation Fees	on 25.00 25.00	25.00 25.00									
*An Active Parishioner is define envelopes regularly.	ed as someone who	is registered in the par	rish & has attended Mass sin	nce September 2023 <u>and</u> is using their							
** There is a late fee of \$25 charged for returning families who register after June 15, 2023.											
Please note - preference will be given to St. Clare Registered Parishioners											
By signing this form, I accept the there are any problems that may	e obligation of seeir affect my child's b	ng that my child attends ehavior in class, I will i	s class regularly. The inform nform the teacher or coordi	ation I have supplied is accurate and if nator directly.							
PARENT'S SIGNATURE:											
DATE:		Amount Enclosed									
		DEWIJDNI GOMBI E	TED FORMOTO								
		RETURN COMPLET Marna Omichinski, P 1320 Johnso Coquitlam, B.C	REP Coordinator on Street								
OFFICE USE ONLY:											
Registration Fee:	Sacrament Fee	Spirit Day	Late Fee	Total							
			Date Received	Cheque/Cash							