

# ST. MARY'S P.R.E.P. REGISTRATION FORM 2024-2025

PLEASE NOTE: WE WILL NOT REGISTER ANY BAPTIZED CHILD FROM WHOM WE HAVE NOT RECEIVED A BAPTISMAL CERTIFICATE

## ONE REGISTRATION FORM PER STUDENT

(PLEASE PRINT CLEARLY ALL REQUIRED INFORMATION, USING A PEN, IF NOT APPLYING ONLINE)

### **(\*Required Information)**

**STUDENT INFORMATION:** CHILD'S AGE (AS OF SEPT. 18, 2024) \* \_\_\_\_\_ REGISTERING FOR GRADE \* \_\_\_\_\_

CHILD'S LAST NAME: \* \_\_\_\_\_ CHILD'S FIRST (GIVEN) NAME: \* \_\_\_\_\_

NAME OF CHILD'S PUBLIC SCHOOL (IN SEPT 2024): \* \_\_\_\_\_

GRADE IN PUBLIC SCHOOL (IN SEPT 2024): \* \_\_\_\_\_ DATE OF BIRTH: \* \_\_\_\_\_

DATE OF BAPTISM \* \_\_\_\_\_ PLACE BAPTIZED (ADDRESS) \* \_\_\_\_\_

### **FAMILY INFORMATION:**

FATHER'S FULL NAME: \* \_\_\_\_\_ RELIGION: \* \_\_\_\_\_

MOTHER'S FULL NAME: \* \_\_\_\_\_ RELIGION: \* \_\_\_\_\_

MOTHER'S MAIDEN NAME: \* \_\_\_\_\_ EMAIL ADDRESS: \* \_\_\_\_\_

HOME ADDRESS: \* \_\_\_\_\_ CITY: \* \_\_\_\_\_ POSTAL CODE: \* \_\_\_\_\_

PRIMARY PHONE NUMBER: \* \_\_\_\_\_ ALTERNATE PHONE NUMBER: \* \_\_\_\_\_

NAME OF YOUR FAMILY CHURCH OR PARISH: \* \_\_\_\_\_ ARE YOU A REGISTERED PARISHIONER? \*  
\_\_\_\_\_ YES \_\_\_\_\_ NO

### **P.R.E.P. INFORMATION:**

**PREP CLASSES WILL BE AT ST. MARY'S SCHOOL, 6:30 TO 7:30 PM, EVERY WEDNESDAY STARTING SEPTEMBER 18, 2024**

*(Please Check if New or Current Student)*

YOUR CHILD'S LAST COMPLETED PREP GRADE: \_\_\_\_\_ CURRENT STUDENT \_\_\_\_\_ NEW STUDENT \_\_\_\_\_

PARISH WHERE YOUR CHILD COMPLETED THAT GRADE: \_\_\_\_\_

Please state anything that you would like us to know about your child (allergies, medical conditions, ESL, learning problems, hearing or visual impairment, etc.)

What we should know: \_\_\_\_\_

### **PARENT OR GUARDIAN PERMISSION:**

I, the parent or legal guardian of \_\_\_\_\_ do hereby give permission for this  
(Print Student's Name Here)  
child to attend PREP classes and to receive the Sacraments of First Communion and Confirmation if applicable.

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

### **SACRAMENTS (PLEASE INDICATE WHICH OF THE FOLLOWING SACRAMENTS YOUR CHILD **HAS RECEIVED.**)**

**BAPTISM:**  YES  NO | **FIRST COMMUNION:**  YES  NO | **CONFIRMATION:**  YES  NO

# ST. MARY'S P.R.E.P. REGISTRATION FORM 2024-2025

**Emergency Contact Information:**

IN CASE OF AN EMERGENCY AND THE PARENTS CANNOT BE REACHED, PLEASE PROVIDE AN EMERGENCY CONTACT.

FULL NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

CHILD'S FAMILY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IN CASE OF AN ACCIDENT AND WE ARE UNABLE TO REACH YOU OR THE EMERGENCY CONTACT PERSON, DO YOU GIVE PERMISSION TO HAVE YOUR CHILD TRANSPORTED BY CAR OR AMBULANCE TO THE HOSPITAL OR DOCTOR FOR EMERGENCY CARE? Yes  No

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**\*PLEASE BE SURE TO READ FIRST AND SIGN THE PREP INFORMATION & AGREEMENT FORM BEFORE SUBMITTING THIS.**

**IF PAYING BY CHEQUE, PLEASE MAKE IT PAYABLE TO: "ST. MARY'S PARISH"**

*FOR P.R.E.P. OFFICE USE ONLY*

NAME OF PAYER: \_\_\_\_\_

	PREP FEES	Amount	Student Name
<b>NEW STUDENT</b>	<b>\$120.00</b>	_____	_____
<b>RETURNING STUDENTS</b>			
1 <sup>ST</sup> STUDENT	\$ 110.00	1 x \$ _____	_____
2 <sup>ND</sup> STUDENT	\$ 100.00	1 x \$ _____	_____
3 <sup>RD</sup> STUDENT	\$ 90.00	1 x \$ _____	_____
4 <sup>TH</sup> OR MORE	NO CHARGE		<b>Cheque      Cash</b>

**FOR GRADE 7 ONLY**      **CONFIRMATION:**      **GOWN FEE \$25** \_\_\_\_\_  
**+ ADDITIONAL FEES**      **RETREAT FEE \$25** \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_      TOTAL PAID: \_\_\_\_\_      REGISTRAR: \_\_\_\_\_

CHEQUE NUMBER: \_\_\_\_\_      DATE PAID: \_\_\_\_\_