

## Our Lady of Sorrows P.R.E.P Registration Form 2018/2019

### EMERGENCY CONTACT INFORMATION

In case of an emergency and the parents cannot be reached, please provide an Emergency Contact.

Full Name: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name of Child's Family Doctor: \_\_\_\_\_

Family Doctor's Telephone 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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PREP FEES

<b>For PREP Office Use Only</b>	<b>Baptism Certificate On File <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
<b>Register before May 14, 2018 \$10 OFF</b>	<b>Registered Parishioners</b>	
	1 Child	\$100.00
	2+ Children	\$120.00
	<b>Non-Registered Parishioners</b>	
	1 Child	\$120.00
	2+ Children	\$140
<b><u>Sacramental Fee</u></b> (For students going into Gr. 2, Gr. 7, Sacramental 2)	Add \$20.00 Paid <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	

Total Paid \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque #	Received by:	Date:
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# Our Lady of Sorrows P.R.E.P Registration Form 2018/2019

## ONE REGISTRATION FORM PER STUDENT

(PLEASE PRINT CLEARLY)

### STUDENT INFORMATION: (\*as shown on Baptismal Certificate)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

### FAMILY INFORMATION:

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_

Parent/Family Email Address: \_\_\_\_\_

Are you a registered parishioner with Our Lady of Sorrows?  YES  NO Envelope #: \_\_\_\_\_

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

Has your child currently been attending PREP during 2017/2018?  YES  NO

If yes, what grade? \_\_\_\_\_ Which Parish? \_\_\_\_\_

### SACRAMENTS

Baptism Received?  YES  NO Date (DD/MM/YYYY) \_\_\_\_\_

Parish Name: \_\_\_\_\_

Parish Address: \_\_\_\_\_

First Communion Received?  YES  NO Year: \_\_\_\_\_ Parish Name: \_\_\_\_\_

First Confession Made?  YES  NO Year: \_\_\_\_\_ Parish Name: \_\_\_\_\_

**\*NOTE: IF YOUR CHILD IS REGISTERING FOR THE FIRST TIME IN PREP, A COPY OF HIS/HER BAPTISMAL CERTIFICATE IS REQUIRED**

Parent's/Guardian's Permission: I, the parent/legal guardian of \_\_\_\_\_ do hereby give permission for my son/daughter to attend PREP classes as well as receive the Sacraments as required. I also consent for my child to be photographed for the sole purpose of identification and retention while they are attending PREP classes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_