

**OFFICE ONLY**

Am't PD: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Check Date: \_\_\_\_\_  
 Balance Due: \_\_\_\_\_

**Holy Family Parish**  
**PREP "Parish Religious Education Program"**  
**2018-2019**

*I would like to be a catechist Name:* \_\_\_\_\_

*I would like to teach on*

<b>Tues 4:30</b>	<b>Wed 4:30</b>
	<b>Wed 6:15</b>

**Family Information**

Are you a registered member of Holy Family Parish? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living/Deceased Religion: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_ Living/Deceased Religion: \_\_\_\_\_  
Last First (Maiden)

Address: \_\_\_\_\_  
Number and Street City State Zipcode

Home Phone Number: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Parental status: Married:  Divorced:  Separated:  Remarried:  Single Parent:

Child lives with: Parents:  Mother:  Father:  Guardian:  Step-Parent:

Emergency/Health Information: Person other than parents or guardian to contact in case of illness or emergency.  
 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student Information #1**

**Baptismal Certificate Must Accompany this Registration**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName:

School: \_\_\_\_\_ Sept School Grade: \_\_\_\_\_ School District: \_\_\_\_\_

IF NEW last attended Religious Education Parish: \_\_\_\_\_ Last PREP Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

**TUESDAY - Grades K through 8**

**WEDNESDAY - Grades K through 8**

**4:30 PM**

**4:30 PM**

**6:15 PM**

**Student Information #2**

**Baptismal Certificate Must Accompany this Registration**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName:

School: \_\_\_\_\_ Sept School Grade: \_\_\_\_\_ School District: \_\_\_\_\_

IF NEW: Last attended Religious Education Parish: \_\_\_\_\_ Last PREP Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

**TUESDAY - Grades K through 8**

**WEDNESDAY - Grades K through 8**

**4:30 PM**

**4:30 PM**

**6:15 PM**

**Student Information #3**

**Baptismal Certificate Must Accompany this Registration**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Last Name First Middle NickName:

School: \_\_\_\_\_ Sept School Grade: \_\_\_\_\_ School District: \_\_\_\_\_

IF NEW: Last attended Religious Education Parish: \_\_\_\_\_ Last PREP Grade: \_\_\_\_\_

Place of Birth, City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacramental Information: If registering your child for the first time, please provide a photocopy of your child's Baptismal certificate.

Parish of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Reconciliation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Parish: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your Child:

**TUESDAY - Grades K through 8**

**WEDNESDAY - Grades K through 8**

**4:30 PM**

**4:30 PM**

**6:15 PM**