

OFFICE ONLY

Am't PD: _____
 Check #: _____
 Check Date: _____
 Balance Due: _____

Holy Family Parish
PREP "Parish Religious Education Program"
2019-2020

I would like to be a catechist Name: _____

I would like to teach on

Tues 4:30	Wed 4:30
	Wed 6:15

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:

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