

**RE-REGISTRATION FORM FOR SAINT JOHN
FISHER PARISH RELIGIOUS EDUCATION
PROGRAM(PREP)**

**NAME OF CHILDREN TO BE REGISTERED &
GRADE IN FALL, 2020 FOR PREP:**

1. _____
2. _____
3. _____
4. _____

SESSION: 1ST CHOICE _____
2ND CHOICE _____

NAME OF PARENTS: _____

ADDRESS CHANGE: _____

PHONE NUMBER CHANGES:

1. HOME: _____
2. WORK(F): _____
3. WORK(M): _____
4. CELL(F): _____
5. CELL(M): _____

NAME OF PEOPLE PICKING-UP CHILD FROM

- PREP:** 1. _____
2. _____
3. _____

**MEDICATIONS/ALLERGIES/MEDICAL
CONCERNS OR LEARNING DISABILITIES WE
NEED TO KNOW:**

1. _____
2. _____
3. _____
4. _____

EMAIL ADDRESSES:

1. **MOTHER'S EMAIL** _____
2. **FATHER'S EMAIL** _____