

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

NAME OF CHILDREN TO BE REGISTERED &
GRADE IN FALL,2023 FOR PREP:

1. _____
2. _____
3. _____

SESSION: 1ST CHOICE _____
2ND CHOICE _____

PLEASE CHECK ONE: IN-PERSON _____
HOMESCHOOLING _____

NAME OF PARENTS: _____

ADDRESS CHANGE: _____

(OVER)

PHONE NUMBER CHANGES:

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

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 _____