

HOLY TRINITY PARISH
2725 LONSDALE AVENUE, NORTH VANCOUVER, BC V7N 3J2

PREP- Parish Religious Education Program
School Year September 2016 to May 2017

Please return this Registration Form with the appropriate fee to the Coordinator, Sr. Marilyn J. Antonio, SNDS or any of the Sisters of Our Lady of La Salette after Masses on September 4 and September 11, 2016.

N.B. Photocopy of the child's Baptismal Certificate must be submitted with this form.

PREP - Parish Religious Education Program takes place on Wednesday Evening from 6:15PM to 7:30 PM at the Holy Trinity School commencing September 14, 2016.

Father's Name: _____
 Mother's Name: _____
 Address: _____ Postal Code: _____
 Home Phone No. _____ Cell Phone: _____
 Email address: _____

Does your family attend Holy Trinity Parish? YES _____ Envelope No. _____ NO _____

If NO, to which Parish do you belong? _____

If you belong to another Parish, please have this form signed by your Pastor.
 Parish _____ Pastor's Signature: _____ Date: _____

PREP Fees are due with Registration. **Please make Cheques payable to Holy Trinity Parish**

● Registration Fee: 1st Child:	\$90.00
● Registration Fee: 2 or more children:	\$150.00
● First Communion Fee:	\$35.00
● Confirmation Fee: Retreat & Reception with Decision Point Manual	\$45.00
● SPIRIT DAY for Grade Seven	\$50.00

FIRST CHILD:

Child's First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: Male: _____ Female: _____
 School: _____ Grade: _____
 Church Baptized: _____ Date: _____
 First Confession: _____ Date: _____
 First Communion: _____ Date: _____

Please inform us of any important information about your child: (Allergies, Medical conditions, ESL, Learning challenges, etc.)

SECOND CHILD:

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male: _____ Female: _____

School: _____ Grade: _____

Church Baptized: _____ Date: _____

First Confession: _____ Date: _____

First Communion: _____ Date: _____

Please inform us of any important information about your child: (Allergies, Medical Conditions, ESL, Learning challenges, etc.

THIRD CHILD:

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male: _____ Female: _____

School: _____ Grade: _____

Church Baptized: _____ Date: _____

First Confession: _____ Date: _____

First Communion: _____ Date: _____

Please inform us of any important information about your child: (Allergies, Medical Conditions, ESL, Learning challenges, etc.

Registration Fee: 1 st Child:	\$
Registration Fee: 2 or more children:	\$
First Communion Fee:	\$
Confirmation Fee: Retreat and Reception with Decision Point Manual	\$
SPIRIT DAY for Grade Seven	\$
Total Amount payable to HOLY TRINITY PARISH	\$

FEES PAID: Cash: _____ CHEQUE: _____

Signature of Receiver: _____ Date: _____