

HOLY TRINITY

P A R I S H

2725 LONSDALE AVENUE, NORTH VANCOUVER, BC V7N 3J2

PREP- Parish Religious Education Program School Year September 2023 to May 2024

Please return this Registration Form with the appropriate fee to the parish office or any of the Sisters of Our Lady of La Salette.

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 6:00PM to 7:30 PM at the Holy Trinity School **commencing September 20, 2023.**

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:	\$50.00
● SPIRIT DAY for Grade Seven	35.00

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:	\$
SPIRIT DAY for Grade Seven	\$
Total Amount payable to HOLY TRINITY PARISH	\$

FEES PAID: Cash: _____ CHEQUE: _____

Signature of Receiver: _____ Date: _____