

**ST. JOSEPH'S PARISH**  
**PORT MOODY**  
**PREP Registration for 2017-2018**

*[NOTE: Please fill out one registration form per child]*

**Student Details:** **(Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_\_\_  
Birth Date \_\_\_\_\_ School \_\_\_\_\_  
Baptized at (include church name and year) \_\_\_\_\_  
First Communion at (include church name & year) \_\_\_\_\_  
If applicable, last grade in PREP completed \_\_\_\_\_ PREP Grade for 2016/17 \_\_\_\_\_

**Family Details:**

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_  
Email address (pls. print clearly) \_\_\_\_\_  
Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_  
Email address (pls. print clearly) \_\_\_\_\_  
Postal address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Emergency Contact/s:**

Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

**\*Please state in the space below anything that you would like your child's teacher or PREP coordinator to know, e.g., allergies, medical conditions, English as second language, learning disabilities, behaviour issues, class preferences, family situation, etc.**

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**ENVELOPE NUMBER** \_\_\_\_\_ **PROJECT ADVANCE NUMBER** \_\_\_\_\_

Please include CHEQUE payable to **ST. JOSEPH'S PARISH, PORT MOODY** according to this schedule:

**Children in PREP Program**

|   |          |
|---|----------|
| Fees per family:  | \$145.00 |
| Non-parishioners (not registered or attending other parishes) | \$180.00 |

Memo: PREP

My family has \_\_\_\_ child(ren)  
attending PREP at STJPM

**Please note - preference will be given to STJPM registered members.**

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**By signing this form, I accept the obligation of seeing that my child attends class regularly. The information I have supplied is accurate and if there are any problems that may affect my child's behaviour in class I will inform the teacher or coordinator directly.**

**PARENT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **AMOUNT ENCLOSED** \_\_\_\_\_

Please return completed forms to the Parish Office:  
**Ivy Barcelon, PREP Coordinator- STJPM**  
**140 Moody Street**  
**Port Moody**  
**BC V3H 2P9**

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**Preferred catechism day:**

|                  |                             |
|------------------|-----------------------------|
| <b>Tuesday</b>   | <b>3:45 -5:00 pm</b> _____  |
| <b>Wednesday</b> | <b>3:45 - 5:00 pm</b> _____ |

*We will try our best to accommodate your preferred day, provided we are able to gather an adequate number of students in class. We will notify you if changes have to be made.  
Thank you for your understanding and cooperation.*