



**St. Joseph Parish Port Moody PREP**  
**Registration for 2021-2022**

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

For office use:

Date received: \_\_\_\_\_

Amount rcvd \_\_\_\_\_ Cash/Chq# \_\_\_\_\_

I am registering for Level:    1       2       3       4       5       6       7

(please circle- usually corresponds to child's school level)

A photocopy of the Baptismal Certificate is needed for Level 2 and 7. Please attach. \_\_\_\_\_

**WE ARE ONLY OFFERING IN-PERSON CLASSES. In the event of a lockdown, we will transition to online classes.**

**Child's Information: (Please Print Clearly)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M F

Birth Date \_\_\_\_\_ Name of school for 2021-2022 \_\_\_\_\_  
D/ M/ Y

Baptism Date (d/m/y)	Name of Church	Communion Date (d/m/y)	Name of Church

**Family Information:**

Mother's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (pls. print clearly) \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (pls. print clearly) \_\_\_\_\_

Family Status: \_\_married in Catholic church \_\_common-law \_\_civilly married \_\_divorced

Currently attending (name of church if applicable): \_\_\_\_\_

Postal Address \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Notes: 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 or behavioural needs, family situation, etc.

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**FAMILY FAITH FORMATION PROGRAM:** Offered to parents/family of PREP students during PREP classes, Wednesdays, 430-530, at the rectory

☐ Yes, we are interested in joining the Faith Formation program! (You will be contacted with more info.)

**IMPORTANT NOTE:** No family will be refused due to financial constraints. If you need assistance in this area, our Pastor, Fr. Mark, encourages you to speak with him at 604-461-5850 or email him at mmcguckin@rcav.org

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

Number of children in PREP Program: \_\_\_\_\_

**1. Fees per family:**

☐ Parishioners (Envelope number: \_\_\_\_\_) \$120.00

☐ Non-parishioners (not registered or attending other parishes) \$155.00

**2. FUNDRAISING:** (We are raising funds for our church building project. Please choose one option:)

☐ flat donation ..... \$ 30.00

☐ Chocolate fundraiser..... \$ 60.00

(You will receive a box of 30 chocolates which you can sell for \$2 per chocolate)

**OTHER FEES:**

☐ FIRST HOLY COMMUNION FEES (for those receiving First Communion)..... \$ 20.00

☐ CONFIRMATION FEES (for those receiving Confirmation)..... \$ 20.00

TOTAL FEES ENCLOSED: ..... \$ \_\_\_\_\_

Please include CHEQUE payable to **ST. JOSEPH'S PARISH, PORT MOODY** (Memo: PREP)

**AGREEMENT:**

By signing this form, I accept the obligation of ensuring that my child attends class regularly. I will support my child's spiritual journey by helping with any homework or projects, as well as celebrating the sacraments regularly and attending mass every week.

The information I have supplied is accurate. If there are any circumstances that may affect my child's behaviour in class, I will inform the PREP teacher or Coordinator directly.

**Attendance policy:**

I understand that classes will be offered on **Wednesdays, from 4:15 p.m. to 5:30 p.m.**

80% attendance is required in order to complete the schoolyear, otherwise I understand my child will need to repeat the year. Regular late drop-offs or early pick-ups (for sports or other classes) will not be tolerated.

**Health policy:**

Classes will be offered onsite and in-person. Children and teachers are not required to, but may wear masks (subject to Health Officer's guidelines).

Children will be provided with their own set of pencils and other supplies, or may bring their own, and there will be no sharing of supplies.

I understand that children may not attend school if they are feeling sick or showing symptoms such as runny nose, coughing, fever, etc..., or have been exposed to anyone with covid-19.

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Parent's name and signature

Date