

Holy Cross P.R.E.P. Registration



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Child's First Name	Last Name	Date of Bir	rth (mm/dd/yyyy)	Sex	
			Malı	e Female	
Address:			School:		
City:	Postal Code:		Grade as of Sept:		
me Phone:	Work Phone:		French Immersion:		
Cell Phone:		Location of Previous PREP Program:			
Email:		Level of Previous PREP Program:			
Child's Family Info	rmation				
Father's Name (First &	Last) Mother's Name (First &	& Maiden Name)	Language Spoke	en at Home	
Religion:		r	Parish Registered At If N	ot Holy Cross	
REGISTERED Holy Cross Parishioner		Ves	districted Activity	ot Holy Cross	
Date (mm/dd/	istory <i>Please fill out to the best</i> /yyyy) Church	t of your ability Location		Copy on File	
Baptized					
Reconciliation					
First Communion					
Confirmation					
In Case of Emerge	ncy				
Phone Number Na	ame Relationshi	Relationship to Child			
		Family Doctor			
Special Health and Dietary Concerns:			Phone Number		
Emergenc Acknowledgment of Informa	y Permission &				
	Sign	ature	Date		
office Use Only ntered:	Paid: Cash/Cheque/Cred	dit Received : Mail/	In Person Date:		
evel:	Early Bird Registration (by 3 1 child - \$100	1 child - \$125	\$40 e	Holy Communion: each child PLUS Reg. Fee	
ransfered from:	2 children - \$130 3 or more children - \$155	2 children - \$1 3 or more chil	50 Confi	irmation: each child PLUS Reg. Fee	