

**St. John Bosco Children's PREP
New Registration Form**

Registration Date _____

Family Information (Please be sure to fill out both sides of form.)

Father's Name _____ Religion _____
(Last) (First)

Mother's Name _____ Religion _____
(Last) (Maiden) (First)

Are you a parishioner? _____ (You must be a registered parishioner of St. John Bosco or have a letter of permission to attend class here from the parish where you are registered.)

Please circle: Single Married(in the Church) Married(outside the Church)

 Separated Divorced Widowed Remarried

Child(ren) lives with: Mom & Dad Mom Dad Grandparent

 Other _____

How should mail be addressed? (Circle one) Mr. & Mrs. Mr. Mrs. Ms.

Home Address: _____

Home Phone # _____ E- mail _____

Dad's Cell # _____ Mom's Cell # _____

Should mail be sent to a different/additional address than above? _____ If yes, what?

Address #2 _____

Emergency contact name and phone # _____

For office use only:

Date of Payment	Amount	Check#	Received By:
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____

We must have a copy of a baptismal certificate for each child.

(1) Child's Information

Name _____
(Last) (First)

Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in Sept.2018 _____ School Attending _____

Did child have religious instruction in 17/18? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Does the child have any special health or learning needs? Any allergies? Also please indicate if the child is in special education classes. Please indicate on Emergency form.

Preferred Time _____ Tues. (4:15-5:30) _____ Tues. (6:45-8:00)
_____ Mon. (6:45-8:00, SG I,II,III only) _____ Summer (June 18 - June 29, 8:30-12:30)

Please note - 6th level Confirmation students will also attend one Sunday a month
No need to register separately for this. It will be added to each 6th level student schedule.

(2) Child's Information

Name _____
(Last) (First)

Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in Sept. 2018 _____ School Attending _____

Did child attend PREP in 17/18? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Does the child have any special health or learning needs? Any allergies? Also please indicate if the child is in special education classes. Please indicate on Emergency form.

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