



Saint John Bosco Religious Education for Children (PREP)
New Registration Form

Registration Date _____

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

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

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

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

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? (Please circle one) Mr. & Mrs. Mr. Mrs. Ms.

Home Address: _____
(Street) (City) (Zip)

Home Phone # _____ E- mail _____

Dad's Work or Cell # _____ Mom's Work or Cell # _____

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

Address #2 _____

Emergency contact name and phone # (if we are unable to reach you, who should we contact?)

For first time registrations, a copy of the Baptismal Certificate is needed for each child. Thank you!

(1) Child's Information

Name _____
(Last) (First)

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

Public School Grade in September 2020 _____ School Attending _____

Did child have religious instruction in 19/20? ____ 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 Week Summer Program

___ 6/17, 6/18, 6/19, 6/22, 6/23 (8am – 3pm) **OR** ___ 6/24, 6/25, 6/26, 6/29, 6/30 (8am – 3pm)

(2) Child's Information

Name _____
 (Last) (First)

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

Public School Grade in September 2020 ___ **School Attending** _____

Did child attend PREP in 19/20? ___ **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 Week Summer Program

___ 6/17, 6/18, 6/19, 6/22, 6/23 8am – 3pm **OR** ___ 6/24, 6/25, 6/26, 6/29, 6/30 8am – 3pm

Please note: 3rd and 6th level Sacramental PREP students will also attend one Sunday a month

No need to register separately for this. It will be added to each student schedule.

For office use only:			
Date of Payment	Amount	Check#	Received By:
___/___/___	\$ _____	_____	_____
___/___/___	\$ _____	_____	_____
___/___/___	\$ _____	_____	_____

REGISTRATION FEES: One Child	\$235.00
Two Children	\$300.00
Three Children	\$350.00
Each Additional Child	\$50.00

A registration fee for the Sacraments of Confirmation and First Eucharist is required to cover the cost of the materials. Amount TBD.

REGISTRATION FEES FOR NON PARISHIONERS:

One child \$255.00; Two Children \$320.00; Three Children \$370.00; Each Additional Child \$70.00