

**HOLY TRINITY PARISH**  
2725 LONSDALE AVENUE, NORTH VANCOUVER, BC V7N 3J2

**PREP- Parish Religious Education Program**  
**School Year September 2017 to May 2018**

Please return this Registration Form with the appropriate fee to the Coordinator, Sr. Marilyn J. Antonio, SNDS or any of the Sisters of Our Lady of La Salette after Masses on September 3 and September 10, 2017.

**N.B. Photocopy of the child's Baptismal Certificate must be submitted with this form.**

PREP - Parish Religious Education Program takes place on Wednesday Evening from 6:15PM to 7:30 PM at the Holy Trinity School commencing September 13, 2017.

Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Does your family attend Holy Trinity Parish? YES \_\_\_\_\_ Envelope No. \_\_\_\_\_ NO \_\_\_\_\_

If NO, to which Parish do you belong? \_\_\_\_\_

*If you belong to another Parish, please have this form signed by your Pastor.*

Parish \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PREP Fees are due with Registration. **Please make Cheques payable to Holy Trinity Parish**

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| ● <b>Registration Fee: 1<sup>st</sup> Child:</b>                              | \$90.00  |
| ● <b>Registration Fee: 2 or more children:</b>                                | \$150.00 |
| ● <b>First Communion Fee:</b>                                                 | \$35.00  |
| ● <b>Confirmation Fee: Retreat &amp; Reception with Decision Point Manual</b> | \$45.00  |
| ● <b>SPIRIT DAY for Grade Seven</b>                                           | \$50.00  |

**FIRST CHILD:**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Church Baptized: \_\_\_\_\_ Date: \_\_\_\_\_

First Confession: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

*Please inform us of any important information about your child: (Allergies, Medical conditions, ESL, Learning challenges, etc.)*

**SECOND CHILD:**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Church Baptized: \_\_\_\_\_ Date: \_\_\_\_\_

First Confession: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

*Please inform us of any important information about your child: (Allergies, Medical Conditions, ESL, Learning challenges, etc.*

**THIRD CHILD:**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Church Baptized: \_\_\_\_\_ Date: \_\_\_\_\_

First Confession: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

*Please inform us of any important information about your child: (Allergies, Medical Conditions, ESL, Learning challenges, etc.*

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|---------------------------------------------------------------------------|----|
| <b>Registration Fee:</b> 1 <sup>st</sup> Child:                           | \$ |
| <b>Registration Fee:</b> 2 or more children:                              | \$ |
| <b>First Communion Fee:</b>                                               | \$ |
| <b>Confirmation Fee:</b> Retreat and Reception with Decision Point Manual | \$ |
| <b>SPIRIT DAY</b> for Grade Seven                                         | \$ |
| Total Amount payable to <b>HOLY TRINITY PARISH</b>                        | \$ |

FEES PAID: Cash: \_\_\_\_\_ CHEQUE: \_\_\_\_\_

Signature of Receiver: \_\_\_\_\_ Date: \_\_\_\_\_