

Holy Trinity Parish
Parish Religious Education Program

Registration Form (Please return on registration night September 15, 2010 with cheque made out to Holy Trinity Parish.)

Prep Coordinator: Annamaria Neuls - 778-317-2840

Please note: *Parish Religious Education Program takes place on Wednesday evenings from 6:15 to 7:30 pm, starting on September 15, 2010*

Mother's Name: _____

Father's Name: _____

Address: _____ Postal _____

Phone Number: _____ Cel #: _____

E-mail address: _____

Does your family attend Holy Trinity Parish? Yes No Envelope Number: _____

If no, to which parish do you belong? _____

IF YOU ARE NEW TO THE PARISH OR TO THIS PROGRAM, YOU MUST HAVE THIS FORM SIGNED BY THE PASTOR.

Pastor's Signature: _____ Date: _____

Please be aware that PREP fees are due with the registration.

Please make cheques payable to **Holy Trinity Parish**.

- \$75.00 Registration fee for 1" child
- \$110.00 Registration fee for two or more children
- \$25:00 First Communion fee (to cover cost of retreat and Golden workbook)
- \$25:00 Confirmation fee (to cover cost of retreat and reception)

First Child:

Child's first name: _____ Last Name: _____

School: _____ Grade: _____ Sex: _____

Church Baptized: _____ Date: _____

First Confession: _____ Date: _____

First Communion: _____ Date: _____

Please inform us of any important information which we should know about your child (ie: allergies, medical conditions, ESL, learning challenges, etc.) _____

First Child Registration fee: _____ \$ 75.00

First Communion fee: _____ \$ _____

Confirmation fee: _____ \$ _____

Sub-total fees: _____ \$ _____

Second Child:

Child's first name: _____ **Last Name:** _____

School: _____ Grade: _____ Sex: _____

Church Baptized: _____ Date: _____

First Confession: _____ Date: _____

First Communion: _____ Date: _____

Please inform us of any important information which we should know about your child
(ie: allergies, medical conditions, ESL, learning challenges, etc.) _____

Two or more Children Registration fee: _____ \$ 110.00

First Communion fee: _____ \$ _____

Confirmation fee: _____ \$ _____

Sub-total fees: _____ \$ _____

Third Child:

Child's first name: _____ **Last Name:** _____

School: _____ Grade: _____ Sex: _____

Church Baptized: _____ Date: _____

First Confession: _____ Date: _____

First Communion: _____ Date: _____

Please inform us of any important information which we should know about your child
(ie: allergies, medical conditions, ESL, learning challenges, etc.) _____

First Communion fee: _____ \$ _____

Confirmation fee: _____ \$ _____

Sub-total fees: _____ \$ _____

Total fees: \$ _____

Fees Paid: _____ Date: _____

Signature of Receiver