

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

**PREP- Parish Religious Education Program**  
**School Year September 2019 to May 2020**

Please return this Registration Form with the appropriate fee to the parish office or any of the Sisters of Our Lady of La Salette.

**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 11,2019.**

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**

● <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:</b>	\$50.00
● <b>SPIRIT DAY for Grade Seven – November 9, 2019</b>	\$60.00

**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>	\$
<b>SPIRIT DAY</b> for Grade Seven	\$
Total Amount payable to <b>HOLY TRINITY PARISH</b>	\$

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

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