

## Sacred Heart/Holy Trinity P.R.E.P. Registration Form

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

(Note: If not Sacred Heart or Holy Trinity, please attach a copy of child's Baptismal Certificate.)

Parish: \_\_\_\_\_ 2010-2011 Grade Level: \_\_\_\_\_

School Now Attending: \_\_\_\_\_

Pertinent Health Information/Allergies: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's address and phone number (if different): \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's address and phone number (if different): \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Name/Address/Phone Number of Person Responsible for Child's Religious Education:  
(if different than above)

\_\_\_\_\_

\_\_\_\_\_

Person to be contacted in case of an emergency: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

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My child, \_\_\_\_\_, will **not** be returning to the P.R.E.P. program in September 2010.

Parent Signature: \_\_\_\_\_