



## ST. ANASTASIA CATHOLIC CHURCH

### Parish Religious Education Program [PREP] Registration 2019-2020

Today's Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
(Please print clearly) Last First Full Middle

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

Name of School 2019-2020: \_\_\_\_\_ Grade: \_\_\_\_\_

Location of Religious Education Program last year (2018-2019): \_\_\_\_\_

Baptism (Church Name & Address and Date of Baptism): \_\_\_\_\_

\_\_\_\_\_ (A Copy of the Student's Baptismal certificate required)

1st Communion: ☐ Yes / ☐ No (Church, City, State): \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardians' Names: \_\_\_\_\_  
Mother/Legal Guardian Father/Legal Guardian

Mailing Address: \_\_\_\_\_  
Street City Zip

Contact Phone Numbers: \_\_\_\_\_  
Mother/Legal Guardian Father/Legal Guardian

Contact Email: \_\_\_\_\_  
Mother/Legal Guardian Father/Legal Guardian

Student Resides with: \_\_\_\_\_

Please list any special situations we should be aware of regarding your child: (Allergies, dietary restrictions, educational needs, family...)  
\_\_\_\_\_

**Emergency Contact:** In the event you cannot be reached, please list the following:

First & Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### For Office Use Only

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ Cash: \_\_\_\_\_ ☐ Credit Card

#### Program Fees:

☐ 1 child.....\$60.00

☐ 2 children.....\$85.00

☐ 3 or more children.....\$95.00

Credit cards are accepted.

☐ Visa

☐ MasterCard

Acct. #: \_\_\_\_\_

CVV #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please complete both sides of this form