



ST. ANASTASIA CATHOLIC CHURCH

**Parish Religious Education Program [PREP]
Registration 2018-2019**

Today's Date: _____

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

Date of Birth: _____ Gender: Male / Female

Name of School 2018-2019: _____ Grade: _____

Religious Education Program last year (2017-2018): _____

Baptism (Church Name & Address and Date of Baptism): _____

(Baptismal certificate required if new to the program)

1st Communion (Church, City, State): _____

Parent/Guardian Last Name: _____

Parent/Guardians' Names: _____
Mother/Legal Guardian Father/Legal Guardian

Mother's Maiden Name: _____

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: _____	
<input type="radio"/> Check # _____	
<input type="radio"/> Cash: _____	<input type="radio"/> Credit Card

Program Fees:	
<input type="radio"/> 1 child.....	\$60.00
<input type="radio"/> 2 children.....	\$80.00
<input type="radio"/> 3 or more children.....	\$95.00
Credit cards are accepted.	
<input type="radio"/> Visa	<input type="radio"/> MasterCard
Acct. #: _____	
CVV #: _____	
Expiration Date: _____	

Please complete both sides of this form