PRESENTATION B.V.M. PARISH RELIGIOUS EDUCATION PROGRAM 2018~2019 REGISTRATION FORM

FAMILY LAST NAME:	Mother's 1st Name:	Father's 1st Name:
FAMILY ADDRESS:	(CITY & ZIP)	
PHONE NUMBERS:	(Home) (Mom's cell)	
FAMILY EMAIL ADDRESS(es): _		
(PLEASE INCLUDE YOUR EMAIL ADDRESS. WIFFOR IMPORTANT COMMUNIQUES REGARDING CHILD INFORMATION:		
Returning: New Registra	ation:	
Child's name:	Child's school in September 2017	:
Child's grade in September 2018: _	Child's PREP LEVEL Completion:	
Received Sacraments & Where:		
Returning: New Registra	ation:	
Child's name:	Child's school in September 2017	:
Child's grade in September 2018: _	Child's PR	EP LEVEL Completion:
Received Sacraments & Where:		
Returning: New Registra	ation:	
Child's name:	Child's school in September 2017	:
Child's grade in September 2018: _	Child's PR	EP LEVEL Completion:
Received Sacraments & Where:		
P.R.E.P. Fees for 2018-2019:	\$95 for 1 child \$150 for 2 or m	ore children
	<mark>ily is due at registration. The balance</mark> le to Presentation B.V.M. Church and Mary Ciamaichelo. Thank you!	-
Office Use Only Date	:/	
Amount Owed:\$95	\$150	

Amount Received: _____ Check #: ____ BALANCE DUE: _____