



St. Edmund's Parish
Parish Religious Education Program
(PREP)
PREP Email: prepatsteds@shaw.ca



REGISTRATION FORM for 2025 – 2026

PREP Classes are held on WEDNESDAYS 6:00pm - 7:00pm at St Edmund's Elementary School, from September to end of May.

STUDENT INFORMATION

All information gathered in this form will be treated with confidentiality and will be shared only with parent and guardian's consent.

Please circle the Grade you are registering for: K 1 2 3 4 5 6 7

(Usually corresponds to the child's school level)

Student's Full Name: _____

Date of Birth (MM/DD/YY): _____ Gender (Male/Female): _____

Date of Baptism: _____ Name of Parish: _____

A photocopy of Baptismal Certificate is required for first time registration. Please attach the same with this form.

Name of the School student is attending: _____

Grade in School by September 2025: _____ Years of Religious Education: _____

Please circle the Sacraments already received: Baptism Reconciliation Holy Eucharist

Learning Accommodations/Needs: Please state anything that you would like the Catechists to know about your child's allergies, medical conditions, learning difficulties etc.

FAMILY INFORMATION

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Are you a parishioner at St Edmunds (Y/N): _____ If Yes, Envelope #: _____

If No, please complete a Parish Registration Form available on our website: www.stedmundsparish.ca

EMERGENCY CONTACT INFORMATION

Primary Contact Person: _____ Phone: _____

Alternate Contact Person: _____ Phone: _____

DROP OFF AND PICK UP

Parents are responsible for dropping off their children at 5.50pm and picking them up at 7:00 p.m. at St Edmund's School parking lot. Children should not be left alone before 6:00p.m.

If your child is coming to class on his/her own and walking home without parent supervision, please sign below:

I _____ give permission to my son/daughter:
_____ to walk home alone after PREP class from
September 10th, 2025 until May 31st 2026.

Parent Name: _____ Parent Signature: _____

REGISTRATION FEES

1 CHILD = \$100

2 CHILDREN = \$150

3 or more CHILDREN = \$ 175

Cheque payable to St. Edmund's Parish

Number of Children attending PREP: _____

Total amount due: _____ Fees enclosed (Y/N): _____

Amount enclosed: _____ Cheque #: _____

VOLUNTEER OPPORTUNITIES

The PREP Program is made possible by the dedicated parents and parishioners who volunteer their time, talents and love for both their faith and children. If you would like to volunteer, we would be very grateful for your generosity. No experience is necessary.

Volunteer Full Name: _____ Phone #: _____

Please indicate where you wish to serve:

Catechist: ☐ Assistant Catechist: ☐

PHOTO & VIDEO CONSENT

I understand that during the course of the PREP year, photos/videos may be taken to record significant events of the year. I consent for my child/children's photos/videos to be in Church publications such as BC Catholic, Parish Bulletin, newsletters and website.

Parent/Guardian's signature: _____ Date: _____