

2017-2018
St. John the Baptist Parish Religious Education Program

Registration for Returning Students

My child will be attending PREP on (circle one): MONDAY or TUESDAY

Student's Name(s)

**2017-2018
PREP Grade Level**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, _____ hereby certify that there are no changes in my child's (children's) health or living arrangements since the 2015-2016 registration of PREP at St. John the Baptist Parish. ***

Current email address:

Current telephone number: (home/Cell)

Home # _____ Cell # _____

***If there are changes please list them here:
