



**2018-2019  
St. John the Baptist Parish  
Religious Education Program**

**Registration for Returning Students**

**Please return this completed form with your payment by June 15, 2018**

**Class Session selection (circle one): MONDAY or TUESDAY**

**Student's Name(s)**

**2018-2019  
PREP Grade Level**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that there are no changes in my child's (children's) health or living arrangements since the 2017-2018 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

