

St. Luke the Evangelist Parish Religious Education Program (PREP)

Registration Form

Mailing Name for Family: _____

Street Address: _____

City/State/Zip: _____

Home Telephone Number: _____ Parish Registered: _____

Father's Name: _____ Mother's Full Maiden Name: _____

Email Address: _____ Email Address: _____

Work Phone Number: _____ Cell Phone: _____ Work Phone Number: _____ Cell Phone: _____

Any special family circumstances: _____

Emergency Contact Names and Numbers _____

Child's Name	Date of Birth	September's Grade in School	September's Grade in PREP	Choose Session Afternoon (gr 1-6) Evening (gr 4-8)	Date of Baptism	Church of Baptism
				A E		
Special Needs						
				A E		
Special Needs						
				A E		
Special Needs						
				A E		
Special Needs						
				A E		
Special Needs						

Registration Fees on other side