

# PARISH RELIGIOUS EDUCATION PROGRAM

8842 119 St., Delta, B.C. V4C 6M4  
icprep@dccnet.com

IMMACULATE CONCEPTION PARISH

PREP Office (604) 596-4004  
Parish Office (604) 591-2271

Family Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Hm/Cl: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you registered with Immaculate Conception Parish? Yes/No    If yes, Envelope No.: \_\_\_\_\_

If no, please name the parish where you are registered: \_\_\_\_\_

Child's Name	Date of Birth (d-mmm-yy)	Gender M/F	Baptised Y/N	1st Com Y/N	School Grade in September	Religious Instruction							B.C. Medical Care Card Number
						PREP/Catholic School Levels Completed							
						1	2	3	4	5	6	7	

**FOR NEW REGISTRATIONS ONLY:** Please indicate if your child was baptised at Immaculate Conception, and enclose a copy of your child's Baptismal Certificate.    Baptised at I.C.:    Yes    No

**LEARNING ENVIRONMENT:** Please include any information which your child's teacher can use to ensure their safety and/or improve their learning experience, ex. allergies and medical conditions, English as a second language or French immersion, specific learning difficulties or additional help received at public school.

  
  
  

**EMERGENCY CONTACTS:** For use during an emergency if we are unable to contact you at the numbers already provided.

Name of Friend or Relative: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

REGISTRATION FEES:	Prior to May 31	After May 31
One Child (Sacraments Fees Included)	<b>\$ 115 per year</b>	\$ 155 per year
Two Children (Sacraments Fees Included)	<b>\$ 185 per year</b>	\$ 230 per year
Three or more Children (Sacraments Fees Included)	<b>\$ 230 per year</b>	\$ 280 per year
Transfer-In (Lvl2/4-\$15, Lvl5-\$25, Lvl6/7-\$55)	<b>\$ see per grade</b>	\$ see per grade

For Office Use Only:

Registration Fees: \$ \_\_\_\_\_  
 Fees to Transfer into Program: \_\_\_\_\_ children x \$( ) = \$ \_\_\_\_\_  
 (only applicable to students who have not attended at IC the prior year) Total Due: \$ \_\_\_\_\_  
 Fees Enclosed: Yes No  
 Cash Cheque # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Please make cheques payable to IMMACULATE CONCEPTION PARISH

The Church reminds parents of their role as primary educators of their children, especially in the Faith. The parish catechism program does not take the place of parents, but rather assists them in their efforts to share the Faith with their children.

At Baptism parents make a solemn commitment to raise their children in the practice of the Faith. Families are expected to actively participate in the life of the Church, especially in the Sunday Mass.

- Parents support the religious education curriculum by:
- participating in parent sessions and working with their children at home
  - ensuring children attend class regularly and complete assigned work
  - cooperating with the catechist and the pastor to promote the best learning experience for all, and
  - celebrating Sunday Mass and the sacraments as a family.

I understand these expectations and will do my part in cooperation with the Parish Religious Education Program.

*I consent to having Immaculate Conception Parish collect personal information that may include student identification information, Baptism, Reconciliation and Communion certificates, catechism records, parent contact information, health information as provided by the parent/guardian, emergency contact information and any similar information required for registration. I will email the PREP Office if I prefer my child's photo not be used in the classroom, church or IC program materials, or (without name) on the IC Delta website.*

*This information is required to register your child in PREP and to allow us to respond to an on-site emergency. For more information, please contact the PREP Office at 604-596-4004 or [icprep@dccnet.com](mailto:icprep@dccnet.com).*

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_