# 2022-2023 Precious Blood Parish PREP PROGRAM

17475 59<sup>th</sup> Avenue, Surrey, BC, V3S 1P3 phone: 604-574-4363 fax: 604-574-9623 email: prep@pbparish.ca

Welcome to Precious Blood Parish Religious Education Program! We are excited to be able to participate in your child's faith formation **and THANK YOU** parents, for the privilege.

This program runs on <u>Wednesday evenings from 6:30 – 7:45 pm from Sept. to mid- May</u>. Catechism is offered from Grade 1 to grade 7. We are grateful to the many volunteer parishioners who donate their time to teach your children about our beautiful Catholic faith and to love and serve our Lord. VOLUNTEERS are welcomed, appreciated, and needed (Teen helpers are more than welcome, and PREP qualifies for high school required service hours)

The church promotes the fact that<u>, as parents You are, the primary educators of your</u> <u>children</u>. Please continue to help your children grow in the faith by...

- Attend Mass on Sunday and Holy Days of Obligation & teaching them the 10 Commandments
- Pray with your child and help them with prayers such as The Our Father, the Rosary and Grace

# <u>\*IMPORTANT PLEASE READ BEFORE REGISTERING FOR THE SACRAMENTAL PROGRAMS</u> SACRAMENTAL FAMILIES:

**Parents of children** preparing for their sacraments are <u>required</u> to:

- Attend information sessions during the year and **<u>2 PARENT MEETINGS</u>**.
- As a gift to each other in the sacrament programs, Parents of the <u>FIRST COMMUNION children</u> will host the RECEPTION FOR THE <u>CONFIRMATION</u> Students and the <u>CONFIRMATION PARENTS will host THE</u> <u>RECEPTION FOR THE FIRST COMMUNION children</u>. Parents will be responsible for: decorating, set-up, food preparation, serving coffee and clean up. Thank you for supporting our community of faith in the Sacramental program

# Requirements for 1<sup>st</sup> COMMUNION \*PARENTS:

- Regular attendance at Sunday Mass
- Attendance at the First Reconciliation (Confession) Day with your child
- Attendance of Saturday Parent/Student 1<sup>st</sup> Communion **Retreat p**rior to First Holy Communion ((Parents and child only)
- Attendance at 2 First Communion PARENT meetings

# • COPY of Baptismal Certificate(s) must accompany this completed registration form.

## \*<u>Requirements for \*CONFIRMATION STUDENTS</u>:

- Attend Sunday Mass regularly and receive the sacrament of Confession regularly
- COMPLETE weekly Mass journal (at home Parish)
- Submit a SAINT PROJECT-On your chosen Confirmation Saint
- Participation in Spirit day and have a non- parent Sponsor that is an \*active practicing Catholic
  - \*\*HAVE completed grade 6 PREP at PREP program or Catholic school

### More details will be made available at the beginning of the 2022-2023 PREP YEAR

# **Precious Blood Parish**

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#### PREP REGISTRATION PROGRAM FEE'S-2022-2023

Our program is highly dependent on active participation by family members & volunteer parishioners. Your time is very much appreciated. We would LOVE to have your help! Please let Karla Erickson know if you are interested in assisting in one of these areas. We ALL have gifts to offer and working with the children is FUN TOO! WE NEED VOLUNTEERS and greatly appreciate any time you could to give; <u>WE INVITE TEENS TO HELP TOO.</u>

◊ Classroom Catechist (Teacher) ◊ One-to-One Catechist Teacher ◊ Assistant in the Classroom

♦ Hall Monitor ♦ Substitute in the Classroom

<u>THANK YOU!</u> as we are so very appreciative of help and continue to need it every year. We welcome you in any way you can help. Thank you and Bless you from all of us on our PREP team!

REGISTRATION FEES: 2021-2023

(Please read additional\*\* FEE for SACRAMENTAL program )

***Before May 1/2022		AFTER May 1/2022	
One child	\$115.00	\$ <u>130.00</u>	
Two children	\$140.00	\$ 160.00	
Family of 3 more	\$160.00	<u>\$ 180.00</u>	

# **\*\*SACRAMENTAL FEE:** Additional \$75 for All \*CONFIRMATION and \*FIRST

**COMMUNION preparation students**. This is for retreats, workshop, extra books and additional materials.

<u>A reminder,</u>

1)THE SACRAMENT PREPARATION is a two-year program. \* <u>First Reconciliation/ First Holy</u> <u>Communion</u>, students attend Grade 1 year first and then First Communion PREP<u>IN THE SECOND YEAR</u>.

2)ALL CONFIRMATION students attend grade 6 year prior and then the next year is the Confirmation year.

# To keep costs affordable, there is a \*\*\$200 CAP for all registration and sacrament fees per family

Please keep this sheet for your records. Classes are Wednesday at 6:30pm -7:45pm classes. Saturday is sacramental catch up classes only. All classes are Hosted at Cloverdale Catholic School 17511 59 Avenue, please enter at Front entrance

# PREP Registration Form 2022-2023

# STUDENTS FULL NAME(as appears in their <u>birth certificate</u> no short forms

NAME:						
Address:		City:		Postal Cod	e:	
Home Phone:	CELL #		email is required.		ired.	
*EMAIL-IMPORTANT TO receive PREP IN					_	
	Note: Gmai	il required fo	r the Google	e classroon	n for PREP	
Mother's Name:	Maiden Name: Religion:		on:			
Father's Name:			_	Relig	ion:	
Marital Status (please circle): Church Married	Civil Marriage	Common Law	Separated	Divorced	Widowed	Single
Are you a Parishioner at Precious Blood?	□Yes □N	o If not, wl	hich Parish?			
Emergency Contact:		Pł	none #:			

### Student(s) Information:

First Name	DOB M/D/Y	School Grade (2022- 2023 & location	Previous Religious Education, grade or level & location if not at PB	Baptized	First Confession	First Communion
1.				🗆 Yes	🗆 Yes	🗆 Yes
				□ No	□ No	□No
2.				🗆 Yes	🗆 Yes	🗆 Yes
				□ No	□ No	□ No
3.				🗆 Yes	🗆 Yes	🗆 Yes
				□ No	□ No	□ No
4.				🗆 Yes	🗆 Yes	🗆 Yes
				□ No	□ No	□ No

Is there any health (i.e. allergies) or learning issues that we should be aware of to ensure the safety and enjoyment of your child while participating in this program?

Parental Consent:

<u>I consent to having Precious Blood Parish collect personal information</u> that may include student identification information, Sacramental certificates of Baptism, Reconciliation and Communion, parent contact information, previous catechism, and medical information as well as emergency contact information as needed for registration in our Religious Education program. This information is required to register your child(ren) in PREP and allows us to respond to any emergency. For more information, the privacy managers for Precious Blood Parish are; Father Paul, Rosana Ruiz and all can be reached at 604-575-4363.

<u>I consent that photos</u> of my child(ren) to be taken and I allow these photos to be used in promotional material such as the BC Catholic or parish bulletin and or parish website. No names of children will be published.

This program prepares a family phone list to be used for emergency info, absentee checks, meeting reminders, classroom activities, volunteer help, etc. Family/Contact lists will be given out to main catechists and/or other approved volunteers, it will not be shared beyond those parameters mentioned. Please read the next 3 lines and then signature required. Thank you.

As parent or guardian, <u>I have read the welcome letter</u> and information sheet which was originally attached to this registration package.

I have submitted my fees as required.

# \*\*\*As a parent, I COMMIT TO BEING AN ACTIVE PARENT in the PREP program.

Parent/Guardian Signature	Date
Printed Name	****
	e only please:
Registration Fee: \$1 <sup>st</sup> Comm. & Confirmation Sa	cramental Fee of \$75: Paid by: *Cash or Cheque, #
*Baptism Certificate submitted:	On file Registration Received by:

# **Emergency Health and Contact Information**

(please print clearly)

## Family Name:\_\_\_\_\_

Address:	Postal code:
Home Phone:	Home email:
Parent/Guardian name:	Parent/Guardian name:
Address (if different from above)	Address (if different from above)
Phone:	Phone:
Work Address/Alternate location of contact	Work Address/Alternate location of contact
BC Medical #:	
Family Doctor Name:	Family Dentist Name:
Address:	Address:
Phone #:	Phone #:

PERSONAL INFORMATION for Eldest Child		
Full name of child:	Usual name of child (if different)	
Child's date of birth Gender (please circle): Male Female		
BC Medical #:		

PERSONAL INFORMATION for second child			
Full name of child:	Usual name of child (if different)		
Child's date of birth	Gender (please circle): Male Female		
BC Medical #:			

PERSONAL INFORMATION for third child			
Full name of child:	Usual name of child (if different)		
Child's date of birth	Gender (please circle): Male Female		
BC Medical #:			

# **Emergency Health and Contact Information**

(please print clearly)

Family Name: \_\_\_\_\_\_

Consent for Emergency Care		
I authorize the staff at Precious Blood Parish to call a medical practitioner or ambulance in the case of accident or		
illness of my child(ren), if the parent/guardian cannot be immediately contacted.		
Signature of Parent/Guardian:		
Please print name of above:	Date:	

Consent to Administer Medication		
Name of Child:	Medication name:	
When/how to administer:	Dosage:	
Parent/Guardian Signature:	Print name:	
Date Administered:	Staff Signature:	
Date Administered:	Staff Signature:	

*Persons Authorized to Pick up Child(ren), Emergency or Carpooling (other than parent/guardian listed opposite page)			
		opposite page)	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

\*\*\*\*PLEASE FILL OUT BELOW FORM AMD INFORM COORDINATOR IF IN REFRENCE TO CUSTODY OR/COURT ORDER

Persons NOT Authorized to Pick up Child(ren)			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

Custody Agreement:	Yes	□ No
If Yes, supply a copy of the custody order to the PREP Coordinator:		