

2022-2023

Precious Blood Parish PREP PROGRAM

17475 59th 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 **Wednesday evenings from 6:30 – 7:45 pm from Sept. to mid- May.** 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, as parents You are, the primary educators of your children. 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**

***IMPORTANT PLEASE READ BEFORE REGISTERING FOR THE SACRAMENTAL PROGRAMS**

SACRAMENTAL FAMILIES:

Parents of children preparing for their sacraments are required to:

- Attend information sessions during the year and **2 PARENT MEETINGS.**
- As a gift to each other in the sacrament programs, Parents of the **FIRST COMMUNION children** will host the **RECEPTION FOR THE CONFIRMATION Students and the CONFIRMATION PARENTS will host THE RECEPTION FOR THE FIRST COMMUNION children.** 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 1st COMMUNION *PARENTS:

- Regular attendance at Sunday Mass
- Attendance at the First Reconciliation (Confession) Day with your child
- Attendance of Saturday Parent/Student 1st Communion **Retreat** prior 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.**

***Requirements for *CONFIRMATION STUDENTS:**

- **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

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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; WE INVITE TEENS TO HELP TOO.

- ◇ Classroom Catechist (Teacher) ◇ One-to-One Catechist Teacher ◇ Assistant in the Classroom
- ◇ Hall Monitor ◇ Substitute in the Classroom

THANK YOU! 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	<u>AFTER May 1/2022</u>	
<u>One child</u>	<u>\$115.00</u>	<u>\$ 130.00</u>
<u>Two children</u>	<u>\$140.00</u>	<u>\$ 160.00</u>
<u>Family of 3 more</u>	<u>\$160.00</u>	<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.

A reminder,

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

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 birth certificate no short forms

NAME: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ **CELL #** _____ **email is required.**

***EMAIL-IMPORTANT TO receive PREP INFORMATION** (please print)

_____ Note: Gmail required for the Google classroom for PREP

Mother's Name: _____ Maiden Name: _____ Religion: _____
(first & last) (former last)

Father's Name: _____ Religion: _____

Marital Status (please circle): Church Married Civil Marriage Common Law Separated Divorced Widowed Single

Are you a Parishioner at Precious Blood? Yes No If not, which Parish? _____

Emergency Contact: _____ Phone #: _____

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.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

****PLEASE FILL OUT BELOW FORM AND INFORM COORDINATOR IF IN REFERENCE 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: