

PREP Registration

Church of St. David the King
2010 PREP Registration Form

Last Name: _____

Date: _____

Address: _____

City : _____ State: _____ Zip Code: _____

Home phone: _____

Email: _____

Mother's name: _____

Father's name: _____

Work number: _____

Work number: _____

Cell number: _____

Cell number: _____

Emergency Contact: _____

Phone number: _____

First Child - Class Information

Student's name: _____ Date of Birth: _____

Allergies, special needs e.g. ADD: _____

Grade: _____ Day: _____ Time: _____

Was the student baptized at the church of Saint David the King? YES or NO*

* If not, where? _____

*Do we have a record of the baptism? Yes or No

Tuition: _____

Second Child - Class Information

Student's name: _____ Date of Birth: _____

Allergies, special needs, e.g. ADD: _____

Grade: _____ Day: _____ Time: _____

Was the student baptized at the church of Saint David the King? YES or NO*

* If not, where? _____

*Do we have a record of the baptism? Yes or No

Tuition: _____

Third Child - Class Information

Student's name: _____ Date of Birth: _____

Allergies, special needs e.g. ADD: _____

Grade: _____ Day: _____ Time: _____

Was the student baptized at the church of Saint David the King? YES or NO*

* If not, where? _____

*Do we have a record of the baptism? Yes or No

Tuition: _____

Please Print clearly