

## 2023-24 Immaculate Conception Parish Religious Education Program (PREP)

Family Last Name: \_\_\_\_\_ Parish registered at: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Main Email Address: (our primary form of communication): \_\_\_\_\_

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

Name of Parent who will be attending parent and child sessions: \_\_\_\_\_

Parents are: Married in the Catholic Church  Civilly Married  Common Law  Other \_\_\_\_\_

Student's Name	Date of Birth (month/day/yr)	Male / Female	Baptized Y / N	1st Comm. Y / N	School Grade in September	Religious Instruction	Name of Parish or Catholic School
						Catechism / Catholic School Levels Completed	
						2 3 4 5 6 7	
						2 3 4 5 6 7	
						2 3 4 5 6 7	
						2 3 4 5 6 7	
						2 3 4 5 6 7	

**PLEASE INCLUDE A FAMILY PHOTO (WITH NAMES) SO WE CAN GET TO KNOW YOU AND YOUR CHILDREN!**

**LEARNING ENVIRONMENT:** Please include any confidential information which can be shared with your child's teacher to ensure your child's safety and/or improve their learning experience, (eg. Allergies, Medical Conditions, Where an EpiPen is kept), English as a second language or French immersion, specific learning difficulties (IEP), or the kind of additional help received at public school.

**EMERGENCY CONTACTS:** For use during an emergency, **only if we are unable to contact you** as above.

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

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

REGISTRATION FEES:

One Child

Two Children

Three or more Children

Sept 12 or Prior

\$70 per year

\$120 per year

\$150 per year

After Sept 12

\$90 per year

\$140 per year

\$170 per year

Fees may be paid by cash or cheque, or [etransfer.ICC@nelsondiocese.org](mailto:etransfer.ICC@nelsondiocese.org)

***Full Registration for ALL families requires a short in-person interview with David Ziebart. Please click QR code (on the right -> ) to schedule your appointment.***



Or go to [www.icckelowna.ca](http://www.icckelowna.ca) to click on the link under PREP registration in the Children's tab.

For Office Use

Date Rec'd: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash \_\_\_ Cheque \_\_\_ E-transfer \_\_\_

The mission of our program is to **assist** (not replace) parents as they raise their children in the Catholic faith, so these children may share in God's love and understanding, more fully participate in the life of the Church, and joyfully journey with our Saviour Jesus Christ in the new life God offers to all of us.

At Baptism, parents promise to raise their children *in the practice of the Faith*. Families are expected to participate in the sacramental life of the Church, **especially Sunday Mass**. Experience of the faith at Mass is an integral component of childhood formation and beyond. Parish catechism only *supplements* Christ-centered parenting and the celebration of faith and worship in the liturgy.

Our catechists are volunteers, freely offering their time and talents. Parents support parish catechists by:

- participating in parent meetings
- ensuring regular attendance and working with children at home to complete assignments
- 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 pastor and catechists.***

*I consent to collection of personal information which may include student identification, sacraments/ catechism records, parent contact information, health information as provided by the parent/guardian, emergency contact information and any similar information required for program participation and administration. I will email David Ziebart if I prefer my child's photo or work not be used in the classroom, church or program materials, or (without family name) on the church website.*

*This information is required to register your child, and to allow us to respond to any on-site emergency.*

*For more information, please contact David Ziebart at (250) 762-3910 ext 3 or [david@icckelowna.ca](mailto:david@icckelowna.ca)*

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

\_\_\_\_\_  
Date