

RE-REGISTRATION FORM FOR SAINT JOHN  
FISHER PARISH RELIGIOUS EDUCATION  
PROGRAM(PREP)

NAME OF CHILDREN TO BE REGISTERED &  
GRADE IN FALL, 2026 FOR PREP:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SESSION: 1<sup>ST</sup> CHOICE \_\_\_\_\_  
2<sup>ND</sup> CHOICE \_\_\_\_\_

PLEASE CHECK ONE: IN-PERSON \_\_\_\_\_  
HOMESCHOOLING \_\_\_\_\_

NAME OF PARENTS: \_\_\_\_\_

ADDRESS CHANGE: \_\_\_\_\_

(OVER)

**PHONE NUMBER CHANGES:**

1. HOME: \_\_\_\_\_
2. WORK(F): \_\_\_\_\_
3. WORK(M): \_\_\_\_\_
4. CELL(F): \_\_\_\_\_
5. CELL(M): \_\_\_\_\_

(OVER)

**NAME OF PEOPLE PICKING-UP CHILD FROM**

- PREP:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**MEDICATIONS/ALLERGIES/MEDICAL  
CONCERNS OR LEARNING DISABILITIES WE  
NEED TO KNOW:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**EMAIL ADDRESSES:**

1. MOTHER'S EMAIL \_\_\_\_\_
2. FATHER'S EMAIL \_\_\_\_\_