

**Guardian Angels Gift Certificate (GAGC)
PREP Fee Program Enrollment (Re-Enrollment) Form**

Parent(s)/Guardian(s) Names: _____

Address: _____

City/State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

_____ Check here if you would like to be added to the GAGC Email list to stay up to date on news and bonuses.

Youngest Child's Name enrolled in PREP: _____
(First and Last)

PREP Level entering August 2017: _____

Home Parish: _____

Please check one:

_____ Please re-enroll our family in the GAGC PREP Fee Program.
Account Name: _____

_____ We are enrolling our family for the first time; please contact us with our new Account Name.

Please visit the GAGC Tab on the Parish Website www.hgaparish.org for terms and conditions of the GAGC Program, additional information, list of percentages earned, current Special Order Forms, and Online Option Quick Start Guide

For more information on the GAGC Tuition Credit Program,
contact Tricia Christ at tac317@ptd.net or 610-451-1959.

For Office use only: Account Name: _____ Date: _____