

Blessed Sacrament ~ 145 Victoria Ave St. Joseph ~ 180 Wellington St W St. Agnes ~ 52 Croydon St St. Ursula ~ 205 Tweedsmuir Ave W

REGISTRATION FORM FOR FIRST RECONCILIATION AND FIRST HOLY COMMUNION

PLEASE PRINT

Child's <i>Last</i> Nam	e:				
Child's <i>First and</i>	<i>Middle</i> Name:				
□ Male □ Fe	emale	В	Birthdate:		
School:		G	Grade (in Sept 2018):		
Child's Address: _	Street Address (and Unit Number if a	oplicable)		
-	City	Pı	rovince	Postal Code	
Does your child h If yes, please spe					
Has your child be	en baptized?	□ Yes □ No	Date of Baptism:		
Name of Church:			City:		
	eir baptismal certi		Agnes, St. Joseph or Sot have one, please ca	St. Ursula, please Ill the church they were	
Our family attend		nnes □St lose	nnh ⊏St Ursula	□ Other	

Father's Name (as listed on child's	birth certificate):
Religion:	Email Address:(Please print clearly)
Address(if different from child's):	(Please print clearly)
Home Phone:	Cell Phone:
Mother's Name:	Maiden Name:
Religion:	Email Address:(Please print clearly)
Address (if different from child's):	(Flease print clearty)
Home Phone:	Cell Phone:
Child resides with: □ Mother	□ Father □ Both □ Other
Preferred email address to be □ Mother □ Father □ Both	,
PERMISSIONS	
 I give permission for my chil Communion within the Chatha 	d to receive their First Reconciliation and First Holy m Catholic Family of Parishes
Parent/Guardian signature:	Date:
	me, there will be opportunities for photographs be taken that have the potential to be used on our e and Facebook page.
☐ I give permission for photog	graphs of my child to be displayed without naming.
Parent/Guardian signature:	Date:
	OFFICE USE
☐ Registration fee of \$ ☐ Baptismal information rece	has been paid by Cheque Cash eived
Date of Reconciliation:	
	n: