

Sacramental Preparation Registration (Please Print)

CHILD'S FULL NAME:				Male 🔛 Female
Last Name	Given N	Names		
Home Address:Street Address		n/City	Province	Postal Code
		•		
Date and Place of Birth:mm/dd/yy		7	Γown/City	Province
Does your child have any special learning or h If yes, please explain:	•			□Yes □No
We MUST have a copy of your child's Baptisn	nal Certificate.			
Name of the Church You Attend: All Sa	ints St. Martha's	Other:		
Date, Church and City of child's baptism:				
Name of Child's School:				
FATHER'S FULL NAME:				
Last Name		Given Name		Religion
Home Phone: Cell	Phone:	Work Phone:		
E-Mail Address:	Date of Birth (mm/dd/yyyy):			
Home Address:		-		
(if different from child's) Street Address	Town/	'City	Province	Postal Code
MOTHER'S FULL NAME: Present Last Name Home Phone: Cell	Maiden Name	Given	Names	Religior
			, aa, yyyy). <u> </u>	
Home Address:	reet Address	Town/City	Province	Postal Code
Contact person: Mother Father	Both			
Contact person other than parents:				
Name:	_	Phone # _		
May we have your permission to share your o	child's name as a cand	idate for First	Eucharist in our	parish bulletin, to
prayer partners and school newsletters?]Yes □No			
May we have your permission to use your em (your email will not be used for any other pur				
Signature of Parent/Guardian		 Date		
	The fee of \$25 (O covers the a	mancac of matarial	ucad in tha
st Communion	preparation pro	cess.	penses of material	
st Communion st Reconciliation nfirmation	preparation pro	cess.	penses of material his fee it will be wai	