

**REGISTRATION FORM - 2017-2018 Season**  
**ST. MONICA'S FAITH FIRST RELIGIOUS EDUCATION PROGRAMME**

FATHER: \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

**IF BOTH PARENTS WOULD LIKE TO RECEIVE EMAILS, PLEASE ADD BOTH EMAIL ADDRESSES**

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CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE AS OF SEPT 1/17 \_\_\_\_\_

**SACRAMENTS RECEIVED: Please Indicate Yes or No**

**BAPTISM**

**RECONCILIATION**

**FIRST COMMUNION**

Yes/No

(CONFESSION)

Yes/No

Yes/No

**CHURCH WHERE CHILD WAS BAPTIZED: \_\_\_\_\_**

*(FOR PARISHES OTHER THAN ST. MONICA'S - A COPY OF BAPTISMAL CERTIFICATE REQUIRED)*

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**CHECK DAY & TIME PREFERENCE FOR SESSIONS (PLEASE NOTE THAT THESE CHOICES ARE DEPENDENT ON NUMBER OF REGISTRATIONS & SPACE AVAILABILITY)**

\_\_\_\_\_ SATURDAYS - 3 PM FOLLOWED BY 4 PM MASS

\_\_\_\_\_ SUNDAYS - 10 AM FOLLOWED BY 11 AM MASS

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**COMMENTS:**

**Signature of Parent or Guardian: \_\_\_\_\_**