

REGISTRATION FORM – 2015/2016
ST. MONICA'S FAITH FIRST RELIGIOUS EDUCATION PROGRAMME
(PLEASE PRINT)

FATHER: _____ MOTHER _____

ADDRESS: _____ APT: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____

EMAILS: _____

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

CHILD'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ PRESENT GRADE: _____

2014-2015

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)

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**

_____ **NO PREFERENCE**

COMMENTS:

Signature of Parent or Guardian: _____