



PLEASE USE A SEPARATE FORM FOR EACH CHILD

St. John Brebeuf Parish Community

1707 John Brebeuf Place, Winnipeg MB R3N 2A2

Phone: 488-4467

www.sjbcommunity.ca

Fax: 489-6097

2011-12 Catechism Registration Form

Please complete this form and remit with \$35 (\$60 per family) to the parish office

Child's Name _____ **Birthdate** _____
Last name, First name month/day/year

Grade in School as of Sept./11 _____ Name of School _____

Are you registered in S.J.B. Parish? Yes/No

Address: _____ Postal Code _____

Home Phone Number: _____ Email _____

Father's Full Name: _____ Address (if different) _____

Mother's Full Name: _____ Address (if different) _____

I authorize our email address/phone number to be given to the Catechism Teacher Yes _____ No _____

Sacraments	Date received	Name of Church	City, Province	Copy Attached?
Baptism				
Reconciliation				
1st Eucharist				
Confirmation				

Allergies? _____ Other Medical conditions? _____

Please indicate if you would be interested in assisting us: (training provided)

Catechist/teacher _____ Substitute _____

office use only

Date received _____ Paid _____ (individual)
 Paid _____ (family)

This information is for the use of St. John Brebeuf Parish only.