

ST. JOHN BREBEUF PARISH COMMUNITY
Registration Form for the Sacraments of
First Reconciliation and/or First Eucharist 2010-2011

Please PRINT:

Child Last Name: _____ First Name _____

Date of Birth: (Day) _____ (Month) _____ (Year) _____ Mass usually attended: 5:00 PM _____
9:30 AM _____
11:30 AM _____

Address: _____

Postal Code: _____ Phone: _____

School & Grade (in September 2009) _____

Parents/Guardians

Parents' Names: _____

Address (if different from participant) _____

Home Phone: _____

E-Mail: _____ Do You use it 3-5/wk? yes/no

Is your family registered at St. John Brebeuf parish? YES / NO

Has your child participated in formal Religious Education during the last year? YES / NO

If Catechism, Name of Parish: _____ If Catholic School, Name of School: _____

Has your child been baptized? YES / NO

If 'YES', where _____ Date _____

Please attach a copy of your child's Baptismal Certificate if he/she was NOT baptized at St. John Brebeuf Parish.

Has your child already received the Sacrament of **First Reconciliation**? YES / NO

If 'YES', where _____ Date _____

Has your child already received the Sacrament of **First Eucharist**? YES / NO

If 'YES', where _____ Date _____

First Reconciliation and First Eucharist Registration Fee:

(to cover the cost of materials used in preparation for the sacraments) Date Received: _____

\$20.00 as _____ Cash

_____ Cheques (made out to St. John Brebeuf)

Participants photographs may be taken for non-identifiable church purposes.
All information is confidential and for the exclusive use of St. John Brebeuf Parish

