



St. John Brebeuf Parish Community

1707 John Brebeuf Place, Winnipeg, MB R3N 2A2

Phone: 488-4467

www.sibcommunity.ca

Fax: 489-6097

2011-2012 Share the Word Registration Form

Please complete this form and remit to the parish office.

Child's 1 Name (1) _____ **Birthdate** _____
Last name, First name month/day/year

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

Child's 1 Name (2) _____ **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 Coordinator. Yes _____ No _____

Allergies? _____ Other Medical conditions? _____

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

Leader _____ Helper _____

Would you like to receive information about St. John Brebeuf School? Yes _____ No _____

office use only

Date received _____

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