

School Year: _____ - _____

New Registrants

Renewal

Information	Child 1			Child 2			Child 3		
Family Name									
Given Name									
Date of Birth	MM	DD	YYYY	MM	DD	YYYY	MM	DD	YYYY
Date of Baptism	MM	DD	YYYY	MM	DD	YYYY	MM	DD	YYYY
*Parish of Baptism									
Faith First Level <small>(Completed, if any)</small>									

* Unless baptized in this Parish, please provide Baptismal Certificate for student/s to be registered.

Parent/Guardian Information

Father's Name				Name of Guardian: (if applicable) Relationship: _____
Mother's Maiden Name				
Apartment Number	Street Number	Street Name		Phone Number
City/Borough	Province	Postal Code	Cell Phone Number	
E-mail Address:				Envelope Number: (if applicable)

Special Needs

Important Information: Medical, Allergies, Family or Custodial arrangements and other special needs.

Program Fees	Total Amount Payable:	Receipt No.	CASH	CHEQUE #1	CHEQUE #2
	\$	# <small>Receipt Date:</small>	\$	\$ <small>Cheque Date:</small>	\$ <small>Cheque Date:</small>

Parish Representative

DATE: _____

Parent/Guardian's Signature

DATE: _____