



REGISTRATION
FAITH EDUCATION
 FAITH FIRST PROGRAM

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: <small>(if applicable)</small> | | |

Special Needs

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

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| 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: _____