

Student Registration Form 2015-2016

REG

 Level

PLEASE PRINT CLEARLY

Child's Family Name _____ **Date of Birth** _____
 day - month - year

Child's First Name _____
 Middle Name _____ **Gender** Male Female

Address _____ **Apt** _____

City _____ **Postal Code** _____

Home telephone number _____ **Emergency Telephone Number** _____

School _____ **Grade in Sept 2015** _____

Child lives with Mother and Father Mother Father other Name _____

Father/Guardian Last Name _____ **Mother/Guardian** Last Name _____

First Name _____ First Name _____

Full Name of Parent/Guardian to contact with any matters concerning catechism. _____

Daytime Tel No _____ **Evening Tel No** _____ **Email** _____

Please specify any medical conditions, special needs, learning challenges and family considerations that we should be aware of while working with your child. Speak to your child's catechist and coordinator at the start of the catechism year:

Sacraments	Year	Church	City	reg # pg
Baptism	_____	_____	_____	
First Communion	_____	_____	_____	

My child has completed Be My Disciples level 2 3 4 5 at _____

My child has a sibling _____ in level 2 3 4 5

I understand and acknowledge my responsibility with respect to the faith development of my child and therefore, will attend mass regularly, participate in parent workshops, ensure that my child attends catechism regularly and assist my child with his/her learning.

Date**Parent's/Guardian's Signature****Name (please print)**

YLC Mon 6:00-7:30pm	YLC Sat 9:00-10:30am	FOR OFFICE USE ONLY	YLC Sun 9:45-11:15am	YLC Friday 4:45-6:15pm
CH Mon 6:00-7:30pm	CH Sat 9:00-10:30am	YLC Sat 1:00-2:30pm	YLC Sat. 3:15-4:45pm	
		CH Sat 1:00-2:30pm	CH Sat. 3:15-4:45pm	CH Sun 9:45-11:15am
				CH Friday 4:45-6:15pm

Group # _____ **Catechist** _____

Payment Received \$100 \$150 \$200 CASH _____

Registration verified by _____ **Date** _____

Notes _____