



**Blessed Sacrament Parish**  
710B Roanoke Street Winnipeg MB R2C0K9  
204-224-1669 Ext. 22  
catechism@blessedsacramentwpg.ca

### **Catechism Family Registration**

#### **FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

OR

Guardians' Name(s): \_\_\_\_\_

Child(ren) live with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian

Members of Blessed Sacrament Parish: \_\_\_\_\_ Yes \_\_\_\_\_ No

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternate NAME in case of emergency: \_\_\_\_\_

Alternate PHONE # in case of emergency: \_\_\_\_\_

#### **CHILD INFORMATION**

**PLEASE LIST FROM OLDEST TO YOUNGEST**

1. Child's Full Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to be enrolled in: \_\_\_\_\_

Please check sacraments already received:

\_\_\_\_\_ **Baptism** Baptized at: \_\_\_\_\_ Blessed Sacrament or \_\_\_\_\_ Other Parish

*Please provide a copy of child's Baptismal Certificate, IF Sacrament was received outside of Blessed Sacrament*

\_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Eucharist (First Communion)** \_\_\_\_\_ **Confirmation**

2. Child's Full Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to be enrolled in: \_\_\_\_\_

Please check sacraments already received:

\_\_\_\_\_ **Baptism** Baptized at: \_\_\_\_\_ Blessed Sacrament or \_\_\_\_\_ Other Parish

*Please provide a copy of child's Baptismal Certificate, IF Sacrament was received outside of Blessed Sacrament*

\_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Eucharist (First Communion)** \_\_\_\_\_ **Confirmation**

3. Child's Full Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to be enrolled in: \_\_\_\_\_

Please check sacraments already received:

\_\_\_\_\_ **Baptism** Baptized at: \_\_\_\_\_ Blessed Sacrament or \_\_\_\_\_ Other Parish

*Please provide a copy of child's Baptismal Certificate, IF Sacrament was received outside of Blessed Sacrament*

\_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Eucharist (First Communion)** \_\_\_\_\_ **Confirmation**

4. Child's Full Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to be enrolled in: \_\_\_\_\_

Please check sacraments already received:

\_\_\_\_\_ **Baptism** Baptized at: \_\_\_\_\_ Blessed Sacrament or \_\_\_\_\_ Other Parish  
*Please provide a copy of child's Baptismal Certificate, IF Sacrament was received outside of Blessed Sacrament*

\_\_\_\_\_ **Reconciliation** \_\_\_\_\_ **Eucharist** (First Communion) \_\_\_\_\_ **Confirmation**

### ADDITIONAL INFORMATION

Do any of your children have allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please list the name of the child and their allergy(ies):

Name: \_\_\_\_\_ Allergy: \_\_\_\_\_

Name: \_\_\_\_\_ Allergy: \_\_\_\_\_

Name: \_\_\_\_\_ Allergy: \_\_\_\_\_

In order that we may better respond to your child(ren)'s needs, please provide any other information which you feel is important for us to know (e.g., health, academic, medications, learning challenges, emotional difficulties).

---

---

---

---

### PERMISSION FORM

I, \_\_\_\_\_ hereby give permission for my child(ren),

\_\_\_\_\_ to go on local walks, visits and neighbourhood trips. I understand that Blessed Sacrament is not held responsible for any accident or injury while on these excursions.

In accordance with the *Privacy Act*, we are also requesting your permission to use your child(ren)'s photograph(s) or name(s) during any of our programming or celebrations, etc.

I, \_\_\_\_\_ grant permission to the Blessed Sacrament Catechism Program to use the photograph(s) and/or name(s) of my child(ren):

\_\_\_\_\_.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

#### FOR OFFICE USE ONLY

Receipt# \_\_\_\_\_

- REGISTRATION FEE ON OR BEFORE JUNE 26:** \$70.00 per family
  - REGISTRATION FEE AFTER JUNE 26:** \$100 per family
  - NO FAMILY REGISTRATION FEE FOR CATECHISTS**
  - DISCOUNTED FAMILY REGISTRATION FEE (50%) FOR ASSISTANT CATECHISTS**
  - WORKBOOK FEE:** \$35.00 per child
- # OF WORKBOOKS:** \_\_\_\_\_ x \$35.00 = \_\_\_\_\_

**TOTAL:** Registration Fee \_\_\_\_\_ + Workbook Fee \_\_\_\_\_ = \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Received by:** \_\_\_\_\_