



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

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_____ **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:** _____

REGISTRATION FEE: \$70.00 per family

NO FAMILY REGISTRATION FEE FOR CATECHISTS

REDUCED FAMILY REGISTRATION FEE (\$35.00) FOR ASSISTANT CATECHISTS

WORKBOOK FEE: \$30.00 per child

OF WORKBOOKS: _____ x \$30.00 = _____

TOTAL: *Registration Fee* _____ + *Workbook Fee* _____ = _____

Date Paid: _____