



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

### ***Catechism Family Registration Form***

#### **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

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\_\_\_\_\_ 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:**

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