4. Child's Full Name:		M F
Date of Birth:		Grade to be enrolled in:
Please check sacraments alread	y received:	
Baptism       Bap         Please provide a copy of child's Bapti	otized at: Blessed Sacrament of smal Certificate, IF Sacrament was re	
Reconciliation	Eucharist (First Communion)	Confirmation
	<b>DDITIONAL INFORMATION</b> children have allergies? YE	
If YES, please	list the name of the child and thei	r allergy(ies):
Name:	Allergy:	
Name:	Allergy:	
Name:	Allergy:	
In order that we may better respond to feel is important for us to know (e.g., h		

## PERMISSION FORM

I,	hereby give permission for my child(ren),	
neighbourhood trips. I understand that Blesson these excursions.	to go on local walks, visits and ed Sacrament is not held responsible for any accident or injury while	
In accordance with the <i>Privacy Act,</i> we are all or name(s) during any of our programming o	so requesting your permission to use your child(ren)'s photograph(s) r 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 (\$60.00 if registration is received by June 30<sup>th</sup>)

 NO FAMILY REGISTRATION FEE FOR PARENTS WHO VOLUNTEER AS CATECHISTS

 FAMILY REGISTRATION FEE REDUCED BY 50% FOR PARENTS WHO VOLUNTEER

 AS ASSISTANT CATECHISTS

 WORKBOOK FEE: \$30.00 per child
 # OF WORKBOOKS: \_\_\_\_\_\_ x \$30.00 = \_\_\_\_\_\_

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

 Date Paid: \_\_\_\_\_\_