

2023-24 Sacramental Preparation **Registration** (Please Print)

CHILD'S FULL NAME:				Male Female
	Last Name	First and Mid	Idle Names	
Home Address:				
	Street Address	Town/City	Province	Postal Code
Date and Place of Birth:				
Does your child have any fo	mm/dd/yyyy ood allergies, learning disa	bilities, or other he	Town/City alth concerns?	Province Yes No
If yes, please explain:				
We MUST have a copy of y	our child's Baptismal Cert	tificate.		
Name of the Church You At	tend: All Saints	St. Martha's 🔲 C	Other:	
Date, Church and City of ch	ild's baptism:			
Name of Child's School:			Grade	e:
FATHER'S FULL NAME:				
_	Last Name		irst and Middle Names	Religion
Home Phone:	Cell Phone:	: <u></u>	Marital Status:	
E-Mail Address:	Date of Birth (mm/dd/yyyy):			
Home Address:(if different from child's)	Street Address	Town/City	Province	Postal Code
(ii different from child 3)	Street Address	Townycity	TTOVITCE	i ostai code
MOTHER'S FULL NAME:		Maiden Name	First and Middle Name	- Doligion
				3
Home Phone:	Cell Phone:	:	Marital Status:	
E-Mail Address:	Date of Birth (mm/dd/yyyy):			
Home Address:				
	Street Address	Town/City	Province	Postal Code
Contact person:	her Father Bo	th		
Contact person other than	parents:			
Name:	Phone #			
Permission to Share Name: website, our parish bulleting				
Photo Release: May we hand/or our social media?				
Signature of Parent/Guardi	ian	ī	Date	
Reconciliation/Communion	(Grade 2 and	(\$25.00 per s	onciliation and First Com.	penses of material used

☐ First Older)

☐ Confirmation (Grade 6 and Older)

Please select the sacrament(s) from the list above!

in the preparation process. There is no fee for Confirmation.

If you are unable to afford this fee it will be waived. Money will be collected at the first class, or you can e-transfer it to office@stmarthasparish.ca. Please include 'Sacramental Preparation' in the memo line.