

REGISTRATION FORM
Canadian Martyrs Parish, Calgary
FIRST RECONCILIATION 2019

This Reconciliation preparation program is generally for children in Grades 4 and up
 who have been baptized Catholic/made a Profession of Faith

Child's Personal Information

Child's Last Name:	First Name:	Middle Name:
Address (Street):		
City:	Province:	Postal Code:
Home Phone:	Cell Phone / emergency phone #:	Mom's Work #:
E-mail Address:		Dad's Work #:
Place and Date of Birth (Day/Month/Year):		
Age at time of Registration:	Grade:	
School child attends:		
Name of Your Parish:		
Father's Last Name:	First Name:	Middle Name:
Mother's Maiden Name:	First Name:	Middle Name:
Marital status: Married / Separated / Divorced / Common-law / Single / Widowed		

Child's Baptismal Information

Baptized Catholic or Profession of Faith <input type="checkbox"/> Date of Baptism/Profession of Faith: _____ <small>Day Month Year</small> Certificate Attached <input type="checkbox"/>	Name of church where Baptism/Profession of Faith took place: Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">Province/State</td> <td style="width: 33%;">Country</td> </tr> </table>			City	Province/State	Country
City	Province/State	Country				

Other Sacramental Information

Received 1 st Communion <input type="checkbox"/>	Place & Year of Reception
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Does your child have any special needs of which we need to be aware in order to more fully include, provide for the safety of and/or adapt the sacramental program to your child? No Yes If yes, please explain:

Date of Registration _____ Registration fee \$30(Fee must be submitted with registration form) \$60 for non-parishioners