



Church School Registration Form

<input type="checkbox"/> Solemn Communion 8 years old (Grade 3) and above	<input type="checkbox"/> Catechism Programme Grade 1, 2, 3, 4, 5, 6, 7
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Last Name	
Child's First Name	
Son/Daughter of (Father)	
Son/Daughter of (Mother)	
Date of Birth (DD/MM/YY)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Attends	<input type="checkbox"/> Public School <input type="checkbox"/> Catholic School
What languages does the child understand? <i>(you can check more than one box)</i>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Arabic
Email Address	
Home Address	
City, Province, Postal Code	
Telephone (Home)	_____ - _____ - _____
Telephone (Mobile)	_____ - _____ - _____
In Case of Emergency we should call:	Name: _____ Telephone Number: _____ - _____ - _____
Are you a <u>registered</u> member of Saints Peter and Paul Church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below: _____ _____ _____
Additional Comments	_____ _____ _____ _____ _____

Parent/Guardian's Signature	
Date:	

For Office Use Only		
Child has been placed in: <input type="checkbox"/> Solemn Communion <input type="checkbox"/> Grade _____	Special Instructions: _____ _____	Approved by: _____ _____
		Date: _____