Saint John XXIII Roman Catholic Church
A Parish of the Archdiocese of Winnipeg

Preparation for FIRST COMMUNION / RECONCILIATION

Registration Form 2020 - 2021

PLEASE PRINT

CANDIDATE'S NAME: _____ _____
SURNAME (Last Name) *GIVEN NAMES*

SEX *(circle)*: MALE FEMALE AGE: _____ DATE OF BIRTH *(month/day/year)*: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE NUMBER(S): _____ , _____ , _____

EMAIL: _____

GRADE AT SCHOOL *(September 2020)*: _____ NAME OF SCHOOL: _____

EMERGENCY CONTACT: _____ TELEPHONE NUMBER: _____

Any allergies or other medical concerns: _____

CANDIDATE'S DATE OF BAPTISM *(month/day/year)*: _____

NAME OF CHURCH: _____ ADDRESS: _____
N.B.: copy of Baptism Certificate is required if candidate was not baptized at John XXIII Parish

FATHER'S NAME: _____ _____ RELIGION: _____
SURNAME (Last Name) *GIVEN NAMES*

MOTHER'S NAME: _____ _____ RELIGION: _____
SURNAME (Last Name) *GIVEN NAMES*

GUARDIAN'S NAME: _____ _____ RELIGION: _____
SURNAME (Last Name) *GIVEN NAMES*

Are you registered members of Saint John XXIII Parish? *(circle)*: YES NO

PREVIOUS PARTICIPATION IN PARISH FAITH FORMATION PROGRAM

Has candidate been a participant in the Catechism Program at Saint John XXIII Parish? *(circle)*: YES NO

If yes, what grade or level has he/she completed? _____

SIGNATURE of parent or guardian: _____ DATE _____

REGISTRATION FEE FOR SACRAMENTAL PREPARATION PROGRAM: **$60.00 per candidate**
Cheques are to be made payable to *St. John XXIII Parish*

OFFICE USE ONLY: Date Fee Received *(m/d/y)*: _____ /_____ / 20____

Cash $ _____ Cheque $ _____ Received by: