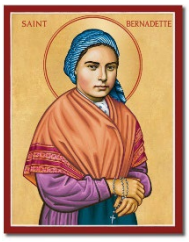

St. Bernadette Catholic Church

21 BAYLY ST. E., AJAX, ONTARIO L1S 1P2
PHONE: 905-683-1533
Parish Office Email: office@stbernajax.com | Parish Website: www.stbernajax.com

First Reconciliation & First Communion Registration Form

Our Family is Registered at St. Bernadette Parish ☐ **YES** ☐ **NO**

Child's Information

Name: First: _____ Middle: _____ Last: _____

Date of Birth: DD:_____ MM:_____ YYYY:_____ ☐ Male ☐ Female

Place of Birth: City: _____ Province: _____ Country: _____

Current School: _____ Current Grade: _____

Please advise our Sacramental Coordinator of any of your child's health concerns or special needs: _____

_____

Is your child baptized? ☐ YES ☐ NO

Date of Baptism: DD:_____ MM:_____ YYYY:_____

Church of Baptism: Church Name: _____ Address: _____

City: _____ Province: _____ Country: _____

If your child is **baptized but not Catholic**, please indicate church of baptism (City, Province, Country):

Name of Church: _____

City: _____ Province: _____ Country: _____

Parents' Information

Mother's Name: First: _____ Middle: _____ Last: _____

Mother's Maiden Name (at birth): _____

Current Address: _____

Telephone Number: _____

Email address: _____

Mother's Religion: _____

Child lives with Mother: ☐ YES ☐ NO

(please continue on next page)

Father's Name: First: _____ Middle: _____ Last: _____

Current Address: _____

Telephone Number: _____

Email address: _____

Father's Religion: _____

Child lives with Father: ☐ YES ☐ NO

Sacramental Program & Requirements

The Sacramental Preparation Program will be offered in two semesters: Semester One will run October-December 2026 and Semester Two will run January-March 2027 (**your child attends only one semester**). During this 8-session semester, your child will prepare to receive both sacraments of Reconciliation and Holy Communion, with support from our parish Catholic Elementary Schools. **Lessons will be held in the Parish Hall on either Wednesday evenings (6-7pm) or Saturday mornings (10am-11am).**

Please indicate your Semester:

☐ Semester One (St. James CES & St. Teresa of Calcutta CES)

☐ Semester Two (St. Bernadette CES)

Please indicate your preferred Session Day:

☐ Tuesday 6-7pm

☐ Saturday 10am-11am

Children not attending one of our parish Catholic Elementary Schools (other Catholic or public schools, private school, homeschooled, etc.) may register for either semester.

Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (please print): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

BAPTISM CERTIFICATE: ☐ **FEE:** ☐

PRESIDER: _____ DATE OF SACRAMENT: _____

COORDINATOR: _____ PASTOR: _____

PARISH RECORD: BOOK: _____ PAGE: _____ RECORD: _____