



# 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

Full Name (First, Middle, Last): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_  Male  Female

City, Province, & Country of birth: \_\_\_\_\_

Is your child baptized in the Catholic Church?  YES  NO

Date of Baptism (MM/DD/YYYY): \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

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

\_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Homeroom Teacher: \_\_\_\_\_

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

needs: \_\_\_\_\_

\_\_\_\_\_

### Parents' Information

Mother's Full Name (First, Middle, Last): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Child lives with Mother:  YES  NO

*(please continue on next page)*

Father's Full 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 based on two semesters: Semester One will run September-December 2022 and Semester Two will run January-May 2023 (your child only attends one semester). Your child will be prepared to receive two sacraments, Reconciliation and Holy Communion, during this 9-week semester. Lessons will be held weekly in the parish hall unless otherwise indicated. Please select your preferred semester and available lesson day:

SEMESTER ONE (First Communion Mass in December)

SEMESTER TWO (First Communion Mass in May)

#### Sacramental Lessons (weekly)

Tuesday 6:00pm-7:00pm

Saturday 10:00am-11:00am

Sacramental Registration Fee enclosed:     YES         NO

Copy of Baptism Certificate enclosed:     YES         NO

### Declaration

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_