

Madre dei Cristiani Church - CATECHISM REGISTRATION 2019-2020

7935 Lefebvre Street, Lasalle, QC (514) 365-2830

For Information, please call Program Coordinator, Agnes Vilone (514) 363-2707

Alternately, you may e-mail Agnes Vilone at: agnesvilone@gmail.com

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|---|---|
| Check grade level of child in September 2019 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | School child is attending in September 2019 |
| Last Name of Child: <i>Please use name on Baptismal Certificate</i> | Date of registration: ____ / ____ / ____ Month Day Year |
| First & Middle Name: | Date of birth: ____ / ____ / ____ Month Day Year Gender: male <input type="checkbox"/> female <input type="checkbox"/> |
| Address: | City: Postal code: |
| Child lives with: mother and father <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other <input type="checkbox"/> Sibling in Catechism in September 2019 _____ in level 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Name of sibling _____ | |
| For New Registrations ONLY | |
| COPY of Child's Baptism Certificate (<i>NOT of Birth</i>) is Mandatory Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Church where your child was baptized _____ Date: _____ City/Province/State: _____ | |
| MOTHER'S Maiden Name: _____ First name: _____ | Occupation: _____ Religion: _____ |
| Address: (If different from above) Please indicate: married <input type="checkbox"/> single <input type="checkbox"/> common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> | Tel/day () _____ - _____ ext. _____ Tel/ evening () _____ - _____ ext. _____ Email: _____ |
| FATHER'S Last Name: _____ First name: _____ | Occupation: _____ Religion: _____ |
| Address: (If different from above) Please indicate: married <input type="checkbox"/> single <input type="checkbox"/> common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> | Tel/day () _____ - _____ ext. _____ Tel/ evening () _____ - _____ ext. _____ Email: _____ |
| Please check (✓) preference for correspondence by e-mail: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> | |
| NEW REGISTRATION for <u>Grade 2, Grade 5</u> (\$90) until Monday August 19, 2019 | |
| Payment : Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Cheques payable to: Madre dei Cristiani Church. No post-dated cheques accepted. A late registration fee of \$15 will be applied after the due date. No Reimbursement. | |
| I understand and acknowledge my responsibility in the faith development of my children which includes attending Mass regularly, participating in parent meetings, community events, and fulfilling the required community participation, as well as assisting my child with his/her learning. | |
| _____ | _____ |
| Parent's / Guardian's Signature | Name (please print) _____ Date _____ |
| Comments/Specification: | |