

# Madre dei Cristiani Church - CATECHISM REGISTRATION 2022-23

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: [agnesvilone70@gmail.com](mailto:agnesvilone70@gmail.com)

<b>Check grade level of child in September 2022</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<b>School child is attending in September 2022:</b>
<b>Last Name of Child:</b>  <i>Please use name on Baptismal Certificate</i>	<b>Date of registration:</b>  _____ / _____ / _____ Month   Day   Year
<b>First &amp; Middle Name:</b>	<b>Date of birth:</b>  _____ / _____ / _____ Month   Day   Year  <b>Gender:</b> male <input type="checkbox"/> female <input type="checkbox"/>
<b>Address:</b>	<b>City:</b>  <b>Postal code:</b>
<b>Child lives with:</b> mother and father <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other <input type="checkbox"/>	
<b>Sibling in Catechism in September 2022</b> _____ <b>in level</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> <span style="margin-left: 150px;">Name of sibling</span>	

### For New Registrations ONLY

**COPY of Child's Baptism Certificate (NOT of Birth) is Mandatory**    Enclosed: Yes     No   
**Name of Church where your child was baptized** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**City/Province/State:** \_\_\_\_\_

<b>MOTHER'S Maiden Name:</b> _____  <b>First name:</b> _____	<b>Occupation:</b> _____  <b>Religion:</b> _____
<b>Address:</b> <i>(If different from above)</i>  Please indicate: married <input type="checkbox"/> single <input type="checkbox"/> common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/>	<b>Tel/day</b> (    ) _____ - _____ <b>ext.</b> _____ <b>Tel/ evening</b> (    ) _____ - _____ <b>ext.</b> _____ <b>Email:</b> _____
<b>FATHER'S Last Name:</b> _____  <b>First name:</b> _____	<b>Occupation:</b> _____  <b>Religion:</b> _____
<b>Address:</b> <i>(If different from above)</i>  Please indicate: married <input type="checkbox"/> single <input type="checkbox"/> common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/>	<b>Tel/day</b> (    ) _____ - _____ <b>ext.</b> _____ <b>Tel/ evening</b> (    ) _____ - _____ <b>ext.</b> _____ <b>Email:</b> _____
<b>Please check (✓) preference for correspondence by e-mail:</b> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>	

**NEW REGISTRATION for Grade 2, Grade 5**  
**\$90 are paid upon completion of Registration**

**Payment :** Cash  Cheque  Cheques payable to: Madre dei Cristiani Church. No post-dated cheques accepted.  
**A late registration fee of \$15 will be applied. 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: