

Madre dei Cristiani Church-CATECHISM REGISTRATION

7935 Lefebvre Street, Lasalle, Qc. (514) 365-2830

For Information, please call Program Coordinator, Agnes Vilone @ (514) 363-2707 agnesvilone70@gmail.com

2023- 2024

If questions or queries, please e-mail Agnes Vilone at the above address. Thank you.

Check grade level of child in September 2023 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	School child is attending in September 2023
Last name of CHILD: <small>Please use name on Baptismal Certificate</small>	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 2023 _____ in level 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> <small style="margin-left: 150px;">Name of sibling</small>	
For New Registrations ONLY	
COPY of Child's Baptism NOT Birth Certificate is Mandatory. Encl. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Church where your child was baptized _____ Date: _____ City/Province/State: _____	
MOTHER'S maiden name: _____	Occupation: _____
First name: _____	Religion: _____
Address: (If different from above)	Tel/day () _____ - _____ ext. _____
Please indicate: married <input type="checkbox"/> single <input type="checkbox"/> common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/>	Tel/ evening () _____ - _____ ext. _____
	Email: _____
FATHER'S last name: _____	Occupation: _____
First name: _____	Religion: _____
Address: (If different from above)	Tel/day () _____ - _____ ext. _____
Please indicate: married <input type="checkbox"/> single <input type="checkbox"/> common law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/>	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 September 25, 2023	
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 Signature	Name (please print)
	Date
Form verified by: _____ Date: _____	
Comments: _____	