

ST. JAMES, CALGARY –2017 FIRST RECONCILIATION

Registration Information

Child's Full Name: _____ Male/Female

Name child uses if not their legal name: _____

Date of Birth: _____

School: _____ Grade: _____ Age: _____

Father (first & last name): _____

Address (incl postal code): _____

Phone: (home) _____ (cell) _____

Email _____

Mother (first & last name): _____ Maiden name: _____

Phone: (home) _____ (cell) _____

Email: _____

Address (if different from above) _____

***Each child must be accompanied by a parent at each class.**

Parish & Baptism Information

We are registered at St. James _____

We belong to _____ parish and prefer our child to celebrate the sacrament at St. James.

A certificate of Baptism must be provided for a child to celebrate the Sacrament if he/she was not baptized at St James. The certificate must indicate the full name and mailing address, including postal code and country of the parish of baptism.

Has your child received 1st Communion? If so, when and where:

Baptism Certificate attached: yes ____ no ____