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| St. James Catholic Church |
| 5504 20 Street SW Calgary, AB T3E 1R2 Tel: 403-243-2680 | Fax: 403-287-1273 office@stjamescalgary.org |
| First reconciliation & first holy communion registration form 2022-2023 |
| **Please choose one**: |
| 🞎 Both First Reconciliation & First Holy Communion 🞎 First Reconciliation only 🞎 First Holy Communion only |
|  |
| Child’s information |
|  |
| Child’s full name:  |
|  First Middle Last |
| Gender: 🞎 Male 🞎 Female Date of Birth:  |  Place of Birth:  |
|  Year/Month/Day City Province/State Country |
| Date of Baptism: Church of baptism:  |
|  Year/Month/Day Name City Province/State Country |
| **\*Please attach a copy of your child’s baptismal certificate\*** |
| School:  | Grade:  |
|  |  |  |
| **PARENTS’ INFORMATION** |
|  |  |  |
| Father’s full name:  |   |  |
| Address:  |  Postal Code:  |
| Email:  | Home phone #: | Cell #:  |
|  |  |  |
| Mother’s full name:  |  |  |
| Address:(if different from above):  |  Postal Code:  |
| Email:  | Home phone #: | Cell #:  |
|  |  |  |
| Are you registered parishioners of St. James Catholic Church? | 🞎 Yes 🞎 No  |  |
|  |  |
| If not, please indicate your parish:  |  |
| Or fill out a **Parish Registration Form** as your family must be registered with a parish. |  |
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| **CONSENT** |
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| Do you consent to your or your child’s image being recorded through photo and/or video by St. James Catholic Church for promotional or educational purposes (bulletin, website, Facebook, etc.)? 🞎 Yes 🞎 No |
|  |
|   |
| Parent’s Name: | Signature:  | Date: |
|  Please print  |  |
|  |
| \***This is a child-parent program and therefore a parent or guardian is required to attend the classes with their child. Out of respect for your catechists and as a good example for your children, please refrain from using cell phones during the classes. No siblings please except nursing babies.** |
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| **FOR OFFICE USE ONLY:**  |
| * Registration fee: 🞎 paid \_\_\_\_\_\_\_\_ 🞎 workbook(s) 🞎 copy of baptism cert
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