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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 communionregistration 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. | | | | | |  |
|  |  | | | | | |
| **CONSENT** | | | | | | |
|  | | | | | | |
| 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.** | | | | | | |
|  | | | | | | |
| **FOR OFFICE USE ONLY:** | | | | | | |
| * Registration fee: 🞎 paid \_\_\_\_\_\_\_\_ 🞎 workbook(s) 🞎 copy of baptism cert | | | | | | |