

1st RECONCILIATION & 1st COMMUNION COMBINED

For Office Use Only:

2022 – 2023

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(Date Rec'd _____ Church _____ Date Rec'd _____ Church _____)

PLEASE PRINT CLEARLY!

Candidates FULL LEGAL Name as on birth certificate or Permanent Residency card			___ Male
First	Middle	Last	___ Female
School	Grade	Date of Birth	
Holy Family Church _____		Please indicate home Parish	St. Patrick's Church _____
Mother's FULL Name _____ (_____) Religion _____ Maiden Name			
Father's FULL Name _____ Religion _____			
Child Lives with Both parents ___ Mother ___ Father ___ Shared Custody ___ Guardian/Other ___			
Home address		City	Postal Code
****Email address (PRINT CLEARLY) and PHONE NUMBER →			Phone #
If your child was NOT baptized in the catholic church please give the following information.			Date:
Denomination:	Church:	City:	Country:
Catholic Parish of child's Baptism		City	Date
Profession of Faith Church:		City	Date
Does your child need assistance in the classroom on a regular basis due to learning challenges? Are there any health problems we need to know about?			

Please scan and attach if registering by email and send to sac.prep@holyfamilymh.ca or if registering in person include the following:

- Copy of the child's **Baptism** or **Profession of Faith Certificate**
- Copy of **Birth Certificate** or Permanent **Canadian Residency** card **if** born out of the country.
- Registration Fee** of \$60 *** \$30 each 1st Rec _____ 1st Com _____

PARENTS ONLY:

Freedom of Information and Protection of Privacy Act (FOIP) Release to Parish and Schools
Please indicate your desire to allow the Parishes to display your child's **name AND PICTURES OF ACTIVITIES** in a designated area in church as well as names published in the Catholic school they attend.

YES ___ NO ___

Parent/Guardian Signature of Commitment _____

Holy Family Parish

1451 Strachan Rd. SE - Medicine Hat AB T1B 4V3
 Phone: (403) 527-6933 FAX: (403) 526-2482

Census Form

Personal Information

Family Name:	Reg. Date: <small>yyyy/mm/dd</small>	Donation Envelopes: <input type="checkbox"/> Yes/No <input type="checkbox"/>
Mailing Name:	Home Phone:	
Mailing Address:	Home Fax:	
City/Prov/Postal:	Mass of Choice:	

For Each Family Member, list the details on each person, start with the Envelope Holder, include all children, or other relatives living in the same household/family. Last Updated: yyyy/mm/dd

	Family Member	Family Member	Family Member	Family Member
Last Name				
First Name				
Middle Names				
Gender M / F	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>	<input type="checkbox"/> Male/Female <input type="checkbox"/>
Date of Birth <small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>	<small>yyyy/mm/dd</small>
Marital Status				
Family Relation				
Parishioner (Y/N)	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
Envelope#				
Religion				
Occupation				
Bus. Phone				
Bus. Fax				
Cell Phone				
School + Grade				
Email Address				
Maiden Name	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home	<input type="checkbox"/> Living at home