

1st RECONCILIATION & 1st COMMUNION COMBINED

For Office Use Only:

2022 – 2023

For Office Use Only

(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?			

When registering please include the following:

- Copy of the child's **Baptism** or **Profession of Faith Certificate** if baptized outside of the catholic church
- Copy of **Birth Certificate** or **Permanent Canadian Residency card** if born out of the country.
- Registration fee **\$30.00 for each book for a total of \$60.00** to help church cover cost of resources. If this is a hardship but you can make a small donation that would be appreciated otherwise the parish will cover the cost.
If you miss the registration meetings you may register in person at both parish offices.
Holy Family office hours Monday to Friday 8:30am to 4:30pm closed for lunch 12:00pm-1:00pm
St. Patrick's office hours Monday to Friday 8:30am to 2:30pm closed for lunch 12:00-12:30

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: Donation Envelopes	yy/mm/dd <input type="checkbox"/> Yes/No <input type="checkbox"/>
Mailing Name:	Home Phone:	
Mailing Address:	Home Fax:	
City/Prov/Postal:	Mass of Choice:	

Last Updated: yy/mm/dd
 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.

	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 yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd	yy/mm/dd
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