

**ST JOHN THE EVANGELIST CHURCH
REGISTRATION
FOR THE SACRAMENTS OF**

**FIRST RECONCILIATION AND FIRST HOLY COMMUNION
2025 – 2026**

Please bring this completed form with you to Registration Evening at the Church on Tuesday
September 30th, 2025, at 7:00pm.

With this registration please provide a photocopy of your child's Certificate of Baptism.
Program expense fee of \$50 is payable by cash or cheque on the evening of registration.

Child's Family Name (Surname): _____

Child's Given Name: _____

Child's Date of Birth: _____

Catholic School Child Attends: _____ Grade: _____

My child is attending a public, private or alternative school Yes _____ No _____

Name of School: _____

My child is attending Parish Home Catechism at the Church Yes _____ No _____

Are there special needs your child may have (fears, allergies, learning or
social challenges): _____

Father's Name: _____

Mother's Name: _____

Legal Guardian: _____

Home Address: _____

Phone: Home _____ Cell _____

Email: _____

****PLEASE PROVIDE AN EMAIL ADDRESS, AS ALL UPDATES AND INFORMATION WILL BE SENT
BY EMAIL THROUGHOUT THE YEAR****

