

**535 8th Street East**

**Saskatoon, Saskatchewan**

**S7H 0P9**

SAINT JOSEPH’S PARISH

[www.stjosephsaskatoon.ca](http://www.stjosephsaskatoon.ca/)

Phone: 244-1556 Fax: 242-8916 E-mail: stjosephparish@sasktel.net

**Registration for Sacramental Prep**

Year: 20……. – 20……

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First Reconciliation: **First** Eucharist:

[Please print clearly]

Child's name: \_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_

First name Middle Surname

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's name: \_\_\_\_ Religious Denomination:

First name Maiden name

Father's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious Denomination:

First name Surname

Address:\_\_\_ Postal Code:\_\_\_\_

Phone: H:\_\_\_ W:\_\_\_\_\_\_\_\_ C:\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_

Child's Parish of Baptism:\_\_\_\_\_\_\_\_\_ City/Province:\_\_\_\_\_

Date of Baptism (DD/MMM/YYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered at St. Joseph Parish Saskatoon? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If no, present parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of your child's Baptism certificate is required at the first class.

Fees for materials can also be paid at the first class.

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Office use only:

Baptism cert recd\_\_\_\_\_\_\_\_\_\_\_\_ Fee paid (cheque or cash) \_\_\_\_\_\_\_\_\_ Book received\_\_\_\_\_