



535 8th Street East
Saskatoon, Saskatchewan
SAINT JOSEPH'S PARISH S7H 0P9

www.stjosephsaskatoon.ca

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

Registration for Sacramental Prep

Year: 20..... – 20.....



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/YYYY): _____

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.**

Office use only:

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