First Communion Registration

St. Augustine Catholic Church, Ponoka, AB

Child's Name: _____
(please print)

Male ___Female ____ Age ____ Birthdate: _____

Address: _____ Postal Code: _____
Phone: _____ Phone: _____
E-mail: _____ and _____

Father's Name: _____

Mother's name and Maiden Name: _____

School Child Attends: _____

Parish You Attend: _____

Baptism Date: Parish: _____

Place of Baptism: _____

A copy of your child's <u>Baptism Certificate</u> is required at time of Registration.
*There is a **$40 fee** to cover the cost of materials.*
Please remit to the Parish Office with the Registration Form. Thank you

*"I/We support my/our child in his/her request for First Holy Communion and First Reconciliation. We will continue to prepare my child for this special moment in his/her life. We will attend mass on the **first and third Sunday** to the best of our ability this year!"*

_____ _____

Parent's Signature **Parent's Signature**

Date: _____

***Office**: $35 received on: _____Cash/cheque/e-transfer __PIPA signed: _____ Books given _____*
Copy of Baptism Certificate: _____ Form received: _____ Data updated: _____
First Reconciliation: _____ First Communion: _____Data updated: _____ Registry _____