



# St. Bernadette Catholic Church

21 BAYLY ST. E., AJAX, ONTARIO L1S 1P2

PHONE: 905-683-1533

Parish Office Email: office@stbernajax.com | Parish Website: www.stbernajax.com

## First Reconciliation & First Communion Registration Form

Our Family is Registered at St. Bernadette Parish  YES  NO

### Child's Information

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_  Male  Female

Place of Birth: City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Is your child baptized?  YES  NO

Date of Baptism (DD/MM/YYYY): \_\_\_\_\_

Church of Baptism: Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

If your child is **baptized but not Catholic**, please indicate church of baptism (City, Province, Country):

Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

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

Please advise our Sacramental Coordinator of any of your child's health concerns or special needs: \_\_\_\_\_

\_\_\_\_\_

### Parents' Information

Mother's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Mother's Religion: \_\_\_\_\_

Child lives with Mother:  YES  NO

*(please continue on next page)*

Father's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Father's Religion: \_\_\_\_\_

Child lives with Father:  YES  NO

### Sacramental Program & Requirements

The Sacramental Preparation Program will be offered in two semesters: Semester One will run October-December 2024 and Semester Two will run January-March 2025 (your child attends only one semester). During this 8-week semester, your child will prepare to receive both sacraments of Reconciliation and Holy Communion, with support from our parish Catholic Elementary Schools. Lessons will be held in the Parish Hall on either Wednesday evening (6-7pm) or Saturday morning (11am-12pm).

Please indicate your Semester and preferred session choice:

( ) Semester One (St. James CES & St. Teresa of Calcutta CES)

( ) Semester Two (St. Bernadette CES)

\*Children not attending one of our parish Catholic Elementary Schools (e.g.: public school, homeschool, etc.) may register for either semester\*

( ) Wednesdays 6-7pm

( ) Saturdays 11am-12pm

### Declaration

I, the undersigned, declare that the information on this form is true and accurate.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

BAPTISM CERTIFICATE:

FEE:

PRESIDER: \_\_\_\_\_ DATE OF SACRAMENT: \_\_\_\_\_

LPA: \_\_\_\_\_ PASTOR: \_\_\_\_\_

PARISH RECORD: BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_ RECORD: \_\_\_\_\_