

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 Informa	ation	
Name: First: M	liddle:	Last:	
Date of Birth (DD/MM/YYYY):		Male [Female
Place of Birth: City:	Province:	Country:	
Is your child baptized?	□NO		
Date of Baptism (DD/MM/YYYY):			
Church of Baptism: Church Name:		Address:	
City: Province	j:	Country:	
If your child is baptized but not Cathol	ic, please indicate	church of baptism (City, Pr	ovince, Country):
Name of Church:			
City: Province):	Country:	
Current School:		Current Grad	de:
Please advise our Sacramental Coordi	nator of any of yo	ur child's health concerns	s or special
needs:			
P	arents' Inform	ation	
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: YE	S NO	
Sacram	ental Program & Red	quirements
	ester Two will run Januar week semester, your chil Holy Communion, with su be held in the Parish Hall	ipport from our parish Catholic
Please indicate your Semester and	l preferred session choice):
() Semester One (St. James CES &	St. Teresa of Calcutta CE	S)
() Semester Two (St. Bernadette	CES)	
*Children not attending one of our homeschool, etc.) may register for	•	ary Schools (e.g.: public school,
() Tuesday 6-7pm		
() Saturday 11am-12pm		
	Declaration	
I, the undersigned, declare that th	e information on this form	n is true and accurate.
Name (please print):		
Signature:	Date:	·
FOR OFFICE USE ONLY:		
BAPTISM CERTIFICATE:	FEE: □	
	_	NT:
LPA:	PAST	OR:
PARISH RECORD: BOOK:		:: RECORD: