

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

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Registration for Sacramental Prep

Year: 20...... – 20......

First Reconciliation: First Eucharist:

[Please print clearly] Child's 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. ************************************* Office use only: Baptism cert recd Fee paid (cheque or cash) Book received