



**[ST. JOHN PAUL II SYRO MALABAR CATHOLIC  
 PARISH -REGINA, SK |  
 Department of Catechesis  
 Eparchy of Mississauga**



**CATECHISM STUDENT REGISTRATION FORM**

**GRADE:** \_\_\_\_\_ **CATECHISM YEAR:** \_\_\_\_\_

**STUDENT INFORMATION**

Name of the Student: \_\_\_\_\_

First

Middle

Last

**Baptismal Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Previous Student: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Year

Month

Day

**School Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Sacraments Received: [ Required to fill only if you are New Student]**

**Baptism:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

**Solemn Communion:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

**Chrismation:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Information:**

**Allergies / Health Concerns / Medical Alerts:** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide any required information that we should be aware about:

\_\_\_\_\_

\_\_\_\_\_

(\*Please submit all relevant information that may require learning assistance to your child, to aid teachers engage students, enhance learning, and consider provisions for student assessments, if needed. The information will be kept confidential among the Parish Priest, Catechism Principal, and the designated Teacher.)



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**PARENT’S INFORMATION**

Father’s / Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mother’s / Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Are you a registered member of your parish: Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACTS: (List at least one)**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SIBLING’S INFORMATION**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

5. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

6. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

7. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby confirm my understanding and acceptance of the information provided above and attest to the accuracy of the information I have provided.

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

*(\*Please print the form clearly and complete all information in full. The Eparchy of Mississauga, Department of Catechesis and the Parishes are committed to ensuring the safety of all students. Information on this form is an essential component of the Parish’s emergency responses and will be kept confidential among the Parish Priest, Principal or any person authorized by the Parish Priest).*

**For office use only:**

Admission No: \_\_\_\_\_ Signature of the Principal: \_\_\_\_\_



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**Administration, Health and Safety Consent Form**

**Name of the Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I/ We, hereby declare that the choice to send my son/ daughter to the Catechism School of \_\_\_\_\_ (Parish Name) under the Department of Catechesis, Eparchy of Mississauga is made by me/ us willingly and consciously and was not forced by anyone.

- I/ We, hereby acknowledge that the Catechism School is a part of faith formation/ Catholic teaching initiatives of the Catholic Church for its faithful community, and it is not a venue to exercise any activities that are not acknowledged/ accepted/ recommended by the Catholic Church and its doctrine.
- I/ We understand that, by participating in the Catechetical program, my/ our child, and I/ we (the parent(s)) are expected to follow the Catechism School procedures and conduct, reflective of Catholic values.
- I/ We hereby acknowledge that all Catechists, Youth Associates, and staff in the Catechism School are volunteers and do not take any financial/ other material benefit for their services.
- I/ We, hereby acknowledge that catechism classes, seminars and activities may be delivered in-person or through virtual platforms at the Parish, Forane and Eparchial levels.
- I/ We hereby acknowledge that authorized/designated personnel from the Catechism School, the Parish, Forane and the Eparchy will use the online and virtual platforms to communicate with my child and me/ us about catechetical or related programs associated with children in the Parish, Forane and Eparchy.
- I/ We, hereby acknowledge that when my child is in the catechism class, it is the responsibility of the assigned class teacher to take care of him/ her and I/ we/ our designate (who are identified or consented by the parents) will be notified of any health and safety risk identified by the class teacher.
- I/ We understand and hereby agree that it is my/ our responsibility to look after my child after the scheduled class hours/ Holy Qurbana/ any scheduled catechism related activity time. I/ we hereby agree that, if my child needs to be out of the classroom/ Holy Qurbana/ any scheduled catechism activity time earlier than the scheduled time, I/ we will inform the assigned class teacher in advance and I/ we/ or a designated adult will accompany the child (if the child under the age of 12) out of the classroom or designated areas.
- I/ We acknowledge that the choice to participate in some programs brings with the individual the ASSUMPTION OF RISK and that it is my right to obtain as much information as I require, about any program or activity organized by the Catechism School and the associated risks and hazards, including information beyond that is provided to me by the Catechism School.



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- I/ We acknowledge that it is my responsibility to advise the designated class teacher, of any medical and/ or health concerns of my child that may affect his/ her participation in the stated program or activity.
- I/ We understand that, in case of emergency medical or hospital services required for my/our child, Catechism School representatives would make every reasonable effort to contact the undersigned or our designate (who are identified or consented by the Parents). In addition, my/ our signature on this form authorizes the Catechism School representative/ designate to secure required medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- I/ We acknowledge that zero tolerance is the policy of the Parish and Eparchy to ensure my child's safety. In case of any concerns, I/we will inform the designated authorities of the Parish.
- In case of any possible conflicts/concerns I/ we have with the catechism functionaries, I/ we will address it in a respectful and appropriate manner, and I/ we are free to contact the Parish Priest, Catechism School Principal, or an authorized/ designated person to deal with such concerns.

I/We hereby declare that I/ we am/are the parent(s) or guardian(s) of the child named above. I have read and understood the information provided on this form in its entirety and hereby consent to participate being aware of all the foregoing.

\_\_\_\_\_  
Name of the Parent(s)/Guardian(s)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please Finish the Payment to Complete Registration, you can either pay it as cash at St. John Paul II Parish Catechism Department or use the below link to complete the payment.

NB: You are now being redirected to an external website that is not hosted on our domain. Please be aware that you are leaving St. John Paul II Parish website and are subject to the privacy and security policies of the external site.

[Please Click here to go to Payment Option to Complete the registration.](#)