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:

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:

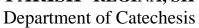|_____|

|_____|

(*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.)
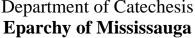
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PARENT'S INFORMATION

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**: _____