



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



CATECHISM RETURNING STUDENT REGISTRATION FORM

GRADE: [] **CATECHISM YEAR:** [2022-2023]

STUDENT INFORMATION

Name of the Student: []
First Middle Last

Please update below information if there are any changes. Please leave it blank if there are no changes

Address: []

City: [] Postal Code: []

Email: [] Phone #: []

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.)

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 []



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



EMERGENCY CONTACTS: (List at least one)

1. Name: [] Phone #: []
2. Name: [] Phone #: []

SIBLING'S INFORMATION (ATTENDING CATECHISM THIS YEAR)

- | | |
|--------------|------------|
| 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: []

Notes: []