



Registration Form

St. John Brebeuf Parish



Faith First Religious Education Program 2020-2021

DATE: _____

Office use only:
 CHQ: _____ CASH: _____
 \$ _____
 Initial: _____
 Receipt #: _____

(No refund on registration fees (levels 1-6) \$100 per child, maximum \$200 per family)

Parent Information:

Father: _____ Mother: _____
Family name, First name Family name, First name

Address: _____ apt#: _____

City: _____ Postal Code: _____

With whom should we communicate? : Mother Father Both

Daytime phone: () _____

Evening phone: () _____

Mom's email: _____

Dad's email: _____

Requests (Parents who are Carpooling/or other): _____

Contact information for Saturday or Sunday mornings

Mother's cell: () _____

Father's cell: () _____

1ST Child Information:

Last name: _____ First name: _____ F M

Date of birth: D ___ M ___ Y ___ School: _____ Grade (as of Sept 2020): _____

Was this child in the faith first program last year (2019-2020)? Yes No

If yes, which level was your child in last year? Level: _____

If child was not in Faith First at St. John Brebeuf, which parish? _____

Church where child was Baptized: _____ City: _____ Year: _____

Has your child made any of these sacraments?

BAPTISM	CONFESSION	1 st COMMUNION	CONFIRMATION
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate any allergies: _____

2nd Child Information:

Last name: _____ First name: _____ F M

Date of birth: D ____ M ____ Y ____ School: _____ Grade (as of Sept 2020): _____

Was this child in the faith first program last year (2019-2020)? Yes No

If yes, which level was your child in last year? Level: _____

If child was not in Faith First at St. John Brebeuf, which parish? _____

Church where child was Baptized: _____ City: _____ Year: _____

Has your child made any of these sacraments?

BAPTISM	CONFESSION	1 st COMMUNION	CONFIRMATION
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate any allergies: _____

3rd Child Information:

Last name: _____ First name: _____ F M

Date of birth: D ____ M ____ Y ____ School: _____ Grade (as of Sept 2020): _____

Was this child in the faith first program last year (2019-2020)? Yes No

If yes, which level was your child in last year? Level: _____

If child was not in Faith First at St. John Brebeuf, which parish? _____

Church where child was Baptized: _____ City: _____ Year: _____

Has your child made any of these sacraments?

BAPTISM	CONFESSION	1 st COMMUNION	CONFIRMATION
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate any allergies: _____

Parent's Sign-up Sheet

PLEASE DO NOT DETACH



FAITH FIRST
Religious Education Program
2020-2021



Please note: Parental participation is essential for the success of the program

Name of Parent: _____

Daytime phone: _____

Evening phone: _____

E-mail: _____

Names of child(ren) _____

I will participate as
(If more than one please indicate order of preference: 1, 2 or 3)

Task	Description	Preference
Catechist <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher, interacting with the children once a month. Please be sure that you can commit to these tasks as in the past we have been left with no Catechists or helpers for some groups.	
Catechist Helper <input type="checkbox"/> Yes <input type="checkbox"/> No	Helping Catechist, interacting with the children once a month. Please be sure that you can commit to these tasks as in the past we have been left with no Catechists or helpers for some groups.	
Hospitality <input type="checkbox"/> Yes <input type="checkbox"/> No	Preparing and distributing snacks at Children's Saturday or Sunday meeting	
Baking <input type="checkbox"/> Yes <input type="checkbox"/> No	For Christmas concert and special occasions	