



# ST. PIUS X PARISH

## RECONCILIATION - REGISTRATION FORM

FAITH BEGINS AND IS NURTURED IN THE FAMILY.  
FAITH IS CELEBRATED IN THE HOME AND IN THE PARISH COMMUNITY.

I wish to register my child in St. Pius X Parish *Reconciliation Preparation Program* program to assist me in sharing my faith with my child. Please fill in all spaces. **PLEASE PRINT.**

*If your child was not baptized at St. Pius X Parish, please bring a copy of the certificate at the time of registration. If you are unable to do so, please fax or send a copy of the baptismal certificate to the Parish Office by OCTOBER 31, 2019.*

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Parish where you regularly worship \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Any allergies or health problem we should be aware of \_\_\_\_\_

**Has your child received the sacrament of:**

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Certificate Received: YES

First Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

**How are you willing to help?**

- leader
- assistant leader
- any other areas you are interested in \_\_\_\_\_
- hall monitor
- telephoning

**REGISTRATION:** \$30 per CHILD or \$45 per family.

**FEE PAID** Amount Paid \_\_\_\_\_  
Cash  Cheque

**SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_

*(Revised: October, 2019)*