BLESSED JOHN XXIII PARISH

RELIGIOUS EDUCATION REGISTRATION FORM

KINDERGARTEN TO CONFIRMATION – 2009/2010

Please return form to: Blessed John XXIII Parish, 3390 Portage Ave., Winnipeg, MB R3K 0Z3

Child's Name: _____ Sex: _____ Registering for Grade: _____

Home Address: _____ Home Phone: _____
No. & Street

_____
City; Postal Code

Child's Birth Date: Day _____ Month _____ Year _____

Mother's Name: _____ Religious Affiliation: _____

Father's Name: _____ Religious Affiliation: _____

Contact Parent _____

What School does the child attend? _____

Any allergies or other medical concerns? _____

Emergency Contact Name: _____ Phone: _____

The above named child **has received** the Sacrament of:

- Baptism ☐
- First Reconciliation (Penance) ☐
- First Communion ☐
- Confirmation ☐

The above named child usually attends: _____
(Name of church if other than Blessed John XXIII)